



PART A – To be completed by student

Student information

Student number:

Student name:

Email:

Your current program, or faculty if undeclared

☐ Kinesiology

☐ Recreation & Health Education

☐ Physical & Health Education

☐ Minor in Physical Education

☐ Non-degree (PHE teachable subject area)

☐ Other, please specify:

Course for which override is requested

Course name:

Course number:

CRN:

Term:

Type of override being requested

☐ Missing prerequisite

☐ Year restriction

☐ Program restriction

Reason for override (NB, attach supporting documentation if appropriate):

Submitting your form

Once completed, this form should be handed into McKinnon Building Room 120, or emailed to:

gwynter@uvic.ca

You will be contacted once your request has been reviewed. Please note that submission of an override request does not guarantee that your request will be approved.

PART B – EPHE office use

Approved: ☐ Yes ☐ No

☐ Banner ☐ Student notified

Referred: ☐ Program lead

☐ Director of EPHE

Date:

Initials: