



PO Box 1700 STN CSC
Victoria British Columbia V8W 2Y2 Canada
Tel (250) 721-7436
E-mail deptms@uvic.ca Web <https://www.uvic.ca/science/math-statistics/>

Prerequisite in Progress

Deadline for verification of final grade in the prerequisite course is 4:30 pm on the third business day before the “Last day for 100% reduction of tuition fees”.

Student Name: _____ Student Number V0 _____

Email: _____

I request permission to take: _____ in (Term) _____ while completing the following COURSE(s) for which documentation is attached.

Pre or Co - requisite Course: _____ Name of School _____

By submitting this form, I agree to the following conditions for registering in the course named above:

- *I have attached to this form documentation verifying that I am registered in the pre- or co-requisite course(s) listed above.*
- *I will provide to the department written verification of successful completion of the pre- or co-requisite(s) by the deadline specified above for the term in which I am enrolled in the University of Victoria course named above. Otherwise, I will withdraw immediately or be dropped from the above mentioned course.*
- *I have verified that any pre- or co-requisite course I take elsewhere transfers to the University of Victoria as the appropriate pre- or co-requisite. (www.bctransferguide.ca)*

Documentation attached: ☐ Yes ☐ No

DATE: _____

Allow 5 business days for a reply

**If submitted by email, please send form to
mathadvisor@uvic.ca**

Office Use Only:

Approved: ☐ Yes ☐ No

Final Grade Verified: ☐ Yes ☐ No

Notes: _____