

PRE-REQUISITE WAIVER REQUEST FORM

Waivers are only granted under extenuating circumstances. Please attach any relevant supporting documentation, such as proof of registration at the other institution, transfer credit summaries, or unofficial transcript.

PART 1: TO BE COMPLETED BY THE STUDENT

Full Name

Student Number: V0

Degree Program

Course for which waiver is requested

Term

Year

Reason for request:

Missing pre- or co-requisite course(s):

Degree/Program restriction

Year restriction

Other

Rationale for request:

PART 2: DOCUMENT CHECKLIST TO BE COMPLETED BY THE STUDENT AND THE PACKAGE E-MAILED TO hinfugadvisor@uvic.ca & his@uvic.ca

I have attached my Degree Evaluation (CAPP report) in PDF format

I have completed BOTH course selection program plans, as if your request would be APPROVED or DENIED

Student Signature

Date

Course Selection Program Plan #1 -- if the waiver is APPROVED

FALL

SPRING

SUMMER

YEAR 1

YEAR 2

YEAR 3

YEAR 4

Course Selection Program Plan #2 -- if the waiver is DENIED

FALL

SPRING

SUMMER

YEAR 1

YEAR 2

YEAR 3

YEAR 4

PART 3: TO BE COMPLETED BY THE DIRECTOR *OR* UNDERGRADUATE ADVISOR

Pre-requisite Waiver Request is APPROVED* DENIED

Signature of Director *or*
Undergraduate Advisor for the
School of Health Information
Science

Date

*If approval is granted to register in a course without the required pre-requisite(s) it is important to note that successful completion of the missing pre-requisite(s) in a future term is still required for degree completion

PART 4: TO BE COMPLETED BY THE ASSISTANT TO THE DIRECTOR

Student notified

BANNER override complete

Signature of the Assistant
to the Director

Date