FACULTY OF ENGINEERING & APPLIED SCIENCE

PRE-REQUISITE WAIVER REQUEST

NOTE: Prerequisite waiver requests are granted only in a limited number of special cases based on the criteria available on the Faculty website.

Must be submitted by the 1st Friday after the start of classes each semester.

Please submit a written statement of rational and a semester by semester academic plan.

STUDENT NAME	STUDENT ID	TERM	DATE

Program: _____   Term: _____
Course:_____   Missing Prerequisite(s): _____

PRIOR COURSE KNOWLEDGE:	ACADEMIC STANDING REQUIREMENTS:
_____ grade on pre-requisite (45% or greater) will be taken concurrently other evidence of material previously taken (explain in written statement)	_____ PGPA (required $\geq$ 65%) _____ Number of courses failed out of preceding 10 (not more than 1 course)

These criteria must be met for consideration of the pre-requisite waiver.
Submit a written statement in support of your application including evidence of comparable or equivalent pre-requisite knowledge, and a semester-by-semester academic plan of courses to be taken until graduation. Your application will be considered incomplete without these documents.

With the submission of this request, I understand that the waiver does not exempt me from completing the course in the future. If I am allowed to register in this course, despite not having completed the prerequisite(s), *it will be my sole responsibility to make up for any deficiency in my background*. I will not use the lack of prerequisite(s) as justification for poor performance or failure of this or any other course. Since I am required to know the material, it will not be re-explained in class. I understand all decisions are final.

Student Signature: _____   Date: _____

PART B – TO BE COMPLETED BY FACULTY OFFICE

☐ Yes   Grades, PGPA and course failures verified
☐ Yes ☐ No   Meets minimum PGPA and minimum course failure requirements. If no, to ADA for denial.
☐ Yes ☐ No   Written documentation attached   If no, contacted student for info   ☐

☐   Transcripts attached   Completed by: _____ (Initials)   Date: _____

PART C – TO BE COMPLETED BY PROGRAM CHAIR AND ASSOCIATE DEAN

☐ Deny the request   ☐ Approve the request

Reason for approval/rejection; prior learning met:

Program Chair Signature: _____ Date: _____
Director of Undergraduate Student Affairs: _____ Date: _____

PRE-REQUISTE OVERRIDE COMPLETED BY: _____ **DATE:** _____

FACULTY OF ENGINEERING & APPLIED SCIENCE

Student ID Number								Last Name	First Name	Middle Initial

Campus			Faculty		Program	

DISCLAIMER

By submitting this academic plan, I acknowledge that any time conflict and/or missing pre-requisite is my sole responsibility. This form does **not** guarantee that time conflict requests and/or pre-requisite waiver requests will be approved.

Academic plans are approved based on course sequencing only as it is not possible to know if time conflicts will occur or if classes are offered.

I acknowledge that I have read the statement above and agree with it.

Student Signature		Date	

Academic Plan for ☐ Coop   ☐ Internship   ☐ Letter of Permission (LOP)   ☐ Pre-requisite Waiver

Semester: _____
1. _____
2. _____
3. _____
4. _____
5. _____

Semester: _____
1. _____
2. _____
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2. _____
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5. _____

Semester: _____
1. _____
2. _____
3. _____
4. _____
5. _____

Instructions:

Semester = Winter (W), Spring/Summer (SS) or Fall (F). Please add the year.

Example: W19, SS19, F19, etc.

_____

Use one line per course. Indicate work term on first line of the semester you anticipate be working.

_____

Please submit the signed academic plan as follows:

1. for Coop or Internship Study Program to enggcoop@uregina.ca

2. for LOP to Melissa Berwald (melissa.berwald@uregina.ca)

3. for pre-requisite waiver to engg@uregina.ca

Semester: _____
1. _____
2. _____
3. _____
4. _____
5. _____

Semester: _____
1. _____
2. _____
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1. _____
2. _____
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5. _____

Written statement