



## PRE-REQUISITE WAIVER REQUEST

Approval of pre-requisite waivers are granted in exceptional cases only.

Submit forms to [engg.undergrad@uregina.ca](mailto:engg.undergrad@uregina.ca)

PART A – TO BE COMPLETED BY THE STUDENT			
STUDENT NAME	STUDENT ID	PROGRAM	DATE
<b>EMAIL ADDRESS</b>			
<b>Term:</b> Check only one <input type="checkbox"/> Winter (Jan - Apr) _____ Year <input type="checkbox"/> S/S (May - Aug) _____ Year <input type="checkbox"/> Fall (Sep – Dec) _____ Year		Course: _____ Missing Prerequisite(s): _____ Taking this class results in a time conflict: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please attach the completed Time Conflict Approval form.</b>	
PRIOR COURSE KNOWLEDGE:			
_____ grade on pre-requisite <input type="checkbox"/> will be taken concurrently <input type="checkbox"/> other evidence of material previously taken (explain in Personal Statement)			

### CRITERIA:

- Submit a Personal Statement in support of this request, including evidence of comparable or equivalent pre-requisite knowledge, a reason the pre-requisite is missing, and an academic plan.

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 responsibility to be knowledgeable on course content*. I will not use the lack of prerequisite(s) as justification for poor performance or failure of this or any other course.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PART B – TO BE COMPLETED BY FACULTY OFFICE	
_____ UGPA _____ Number of courses failed (two most recent terms)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Personal Statement <input type="checkbox"/> Yes <input type="checkbox"/> No Academic Plan <input type="checkbox"/> Yes <input type="checkbox"/> No Reviewed by an Academic Advisor	
<input type="checkbox"/> Transcripts attached Completed by: _____(Initials) Date: _____	
PART C – TO BE COMPLETED BY AN ACADEMIC ADVISOR	
Comments:	
Academic Advisor Signature: _____	
PART D – TO BE COMPLETED BY PROGRAM CHAIR AND ASSOCIATE DEAN	
<b>Approved</b> <input type="checkbox"/> Meets Criteria <input type="checkbox"/> Prevents a delay in program <input type="checkbox"/> Other _____	<b>Denied</b> <input type="checkbox"/> Does not meet Criteria <input type="checkbox"/> Grade too low <input type="checkbox"/> Other _____
Program Chair of course Signature: _____ Date: _____	
Comments	
ADA Signature: _____ Date: _____	
<b>REQUEST PROCESSED IN BANNER &amp; STUDENT EMAILED _____ DATE _____</b>	



## **PERSONAL STATEMENT**

Student ID Number										Last Name	First Name	Program



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DISCLAIMER			
By submitting this academic plan, I acknowledge that any time conflict and/or missing pre-requisite is my responsibility. This form does <b>not</b> guarantee that time conflict requests and/or pre-requisite waiver requests will be approved.			
Student Signature		Date	

(EX: Fall2024)

**Term:** \_\_\_\_\_

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**Term:** \_\_\_\_\_

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**Term:** \_\_\_\_\_

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**Term:** \_\_\_\_\_

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**Term:** \_\_\_\_\_

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**Term:** \_\_\_\_\_

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