



PRE-REQUISITE WAIVER REQUEST

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

Submit forms to engg.undergrad@uregina.ca

| PART A – TO BE COMPLETED BY THE STUDENT | | | |
|--|---|---------|------|
| STUDENT NAME | STUDENT ID | PROGRAM | DATE |
| | | | |
| EMAIL ADDRESS | | | |
| Term: 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 If yes, please attach the completed Time Conflict Approval form. | | |
| PRIOR COURSE KNOWLEDGE: | | | |
| <input type="checkbox"/> 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 | |
|--|---|
| <input type="checkbox"/> 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 | |
|--|--|
| Approved <input type="checkbox"/> Meets Criteria <input type="checkbox"/> Prevents a delay in program <input type="checkbox"/> Other _____ | Denied <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: _____ | |
| REQUEST PROCESSED IN BANNER & STUDENT EMAILED _____ DATE _____ | |



| Student ID Number | Last Name | First Name | Program |
|-------------------|-----------|------------|---------|
| | | | |



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

(EX: Fall2024)

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