FACULTY OF ENGINEERING & APPLIED SCIENCE

PRE-REQUISITE WAIVER REQUEST

STUDENT NAME	STUDENT ID	PROGRAM	DATE

EMAIL ADDRESS	
Term: Check only one ☐ Winter (Jan - Apr) _____ Year ☐ S/S (May - Aug) _____ Year ☐ Fall (Sep – Dec) _____ Year	Course:_____ Missing Prerequisite(s): _____ Why is Pre-requisite missing? _____ Time Conflict: ☐ Yes ☐ No What is it for? ☐ Lab ☐ Lecture ☐ Exam **If Yes:** Approval granted? ☐ Yes ☐ No

PRIOR COURSE KNOWLEDGE:

_____ grade on pre-requisite
☐ will be taken concurrently
☐ other evidence of material previously taken (explain in written statement)

CRITERIA:

- These criteria must be met for consideration of the pre-requisite waiver.
- **Submit a personal statement in support of your application including evidence of comparable or equivalent pre-requisite knowledge, 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

☐ Yes ☐ No Meets minimum UGPA and minimum course failure requirements.
☐ Yes ☐ No Personal statement
☐ Yes ☐ No Academic plan

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

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

Approved	**Denied**
☐ Meets Criteria	☐ Does not meet Criteria
☐ Prevents a delay in program	☐ Grade too low
☐ Other _____	☐ Other _____

Program Chair of course/student Signature: _____ Date: _____
ADA Signature: _____ Date:_____

REQUEST PROCESSED IN BANNER & STUDENT EMAILED _____ DATE _____

FACULTY OF ENGINEERING & APPLIED SCIENCE

Academic Plan

STUDENT NAME	STUDENT ID	EMAIL	Program

DISCLAIMER
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.

Student Signature		Date	

(EX: Fall2024)

Term: _____

1. _____

2. _____

3. _____

4. _____

5. _____

Term: _____

1. _____

2. _____

3. _____

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Term: _____

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Term: _____

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Term: _____

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Term: _____

1. _____

2. _____

3. _____

4. _____

5. _____

Academic Advisor Comments:

STUDENT NAME	STUDENT ID	EMAIL	Program