

## Request for Course Prerequisite Waiver/Course Overload

Registrar's office University of Ontario Institute of Technology 2000 Simcoe Street North, Oshawa, ON L1H 7K4 Canada 905.721.3190 905.721.3184 (fax) <u>uoit.ca</u>

What?	This form is used for students seeking a course prerequisite/course restriction waiver or permission to overload the number of courses taken each term. Faculties strongly advise against prerequisite waivers, and only permit where strong justification is presented and a student has performed sufficiently well academically. Waivers are normally allowed only in situations where the student has sufficient knowledge of the material in the prerequisite course.												
Who?	The form must be reviewed by the course instructor (for prerequisite waivers), signed by the appropriate student advisor or Dean's designate, then submitted to the Registrar's office. Approval of a prerequisite waiver does not imply the student has mastered all the prerequisite material. It is the student's responsibility to make up any deficiencies or gaps in the knowledge of material.										an's all the		
When?	When? The length of time for requests to be processed is normally two to three working days. During peak times, processing time may be longer. Once complete, an email message is sent to the student alerting them to register for the course.												
Last name			First name			Student number							
Course prerequisite or restriction waiver I am requesting that the prerequisite(s)/restriction(s) be waived for entry into the following courses:													
Course code (e.g. PHY 1020U)		Course name (e.g. Physics II)	Type of waiver (please check one)		Student adviso	HTTACTIVA							
			Prerequisite	Faculty/major restriction	Dean's designa name (please pri		Dean's designate						
deficienc	cies in hi		prerequisite ma		not recommended, erformance due to a								
Cours I am red		r <b>load</b> ga course overloa	ad waiver for th	ne following:									
Course h	nours (po	er semester)	Progra	Program			Term						
Student advisor/Dean's designate signature								Date					
					es above and beyon f the revised fee ass			al pro	ograr	n limit	s will	incur	
Student's signature							Date						
This application will not be processed unless it is signed and dated.													
For office use only													
For office use only Staff initials:  Date:													

Personal information on this form is collected under the authority of the University of Ontario Institute of Technology Act, SO 2002, c. 8, Sch. O. and will be collected, protected, used, disclosed and retained in compliance with Ontario's Freedom of Information and Protection of Privacy Act R.S.O. 1990, c. F.31. This information will be used for education, administrative and statistical purposes and to administer registration within the University. Questions regarding the collection of your personal information may be directed to the Registrar, 2000 Simcoe Street North, Oshawa, ON L1H 7K4, 905.721.3190, email: <a href="mailto:connect@uoit.ca">connect@uoit.ca</a>.