

Prerequisite Substitution Form

| Overview | Students |
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| <p>To guarantee that all engineering students take courses in the correct sequence without violating any course requirements, the School has instituted a procedure for checking prerequisites.</p> <p>Before the start of any academic quarter, all students can enroll in classes electronically through WebReg with an automatic comprehensive prerequisite check. Through the first two weeks of each academic quarter, a student can add or drop courses through WebReg.</p> <p>Any requests to add or drop the course after the first two weeks of the quarter are handled via Enrollment Exceptions.</p> <p>If a student encounters any problems enrolling in a course, the student must visit the Student Affairs Office for authorizations, including a prerequisite check.</p> <p>At the end of the first week of the quarter, the Student Affairs Office also conducts an active prerequisite check on each student in each Engineering class.</p> <ul style="list-style-type: none"> Any student who does not pass the manual prerequisite check is contacted by the Student Affairs Office to provide either a Prerequisite Substitution or is asked to drop the class. If the Student cannot justify having completed all of the course prerequisites either at UCI or through an approved equivalent course at another school, the student is dropped from the class. <p>Prior to attempting to add a course, a Prerequisite Substitution should be provided.</p> | <p>Name (Last, First): _____</p> <p>Student ID: _____</p> <p>Major: _____</p> <p>Level <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior</p> <p>Telephone (_____) _____</p> <p>UCI Email Address _____</p> <p>Quarter/Year _____</p> <p>Course Requested: _____</p> <p>Reason for Request: _____</p> <p>Student Name: _____ Date: _____</p> <hr/> <p style="text-align: center;">Course Instructor</p> <p>Justification for Substitution: (check one & provide description in the space provided)</p> <p><input type="checkbox"/> Approved equivalent course (Please provide course name)</p> <p>_____</p> <p><input type="checkbox"/> Exam, oral or written</p> <p><input type="checkbox"/> Other means of assessment</p> <p>_____ Instructor Name: _____ Instructor Signature: _____ Date: _____</p> <p>Department Program Advisor: _____ Signature: _____ Date: _____</p> <p>(Note: Faculty Advisor for department in which course is offered)</p> |