REQUEST FOR SPECIAL PERMISSION

Once special permission is approved, students may not use the reason for the special permission as the basis of an academic appeal. Students formally auditing a course must attend 80% of classes.

Student Name: [please print] _____________________________________________________________

Email: __________________________@uwo.ca  Student #: __________________________

Term to which special permission applies:  □ Fall  □ January Intensive  □ Winter

Seeking permission to [check the appropriate box below]:

□ Maintain a timetable conflict between two courses [list name and number]
  course 1 ____________________________ and course 2 ____________________________

□ Maintain course overload

□ Waive prerequisite of [course] ____________________________ for [course] ____________________________

□ Waive co-requisite of [course] ____________________________ for [course] ____________________________

□ Audit [course name and number] ____________________________

□ Other

Please provide the reason for your request, and supporting information:

_____________________________________________________________________________________

_____________________________________________________________________________________

Student’s Signature: ____________________________ Date: ____________________________

Course 1 Instructor’s Name: __________________________________________

Instructor’s Signature: ____________________________ Date: ____________________________

[or attach copy of email]

Course 2 Instructor’s Name: __________________________________________

Instructor’s Signature: ____________________________ Date: ____________________________

[or attach copy of email]

Please return the completed form to Student Services c/o the Admin Office, room 243

Deadlines:

Fall Term: Tuesday, September 12, 2017 at 4:00 pm

January: Tuesday, January 8, 2018 at 4:00 pm

Winter Term: Friday, February 2, 2018 at 4:00 pm

Dean’s Office Signature: ____________________________ Date: ____________________________

OFFICE USE ONLY:

□ Approved  Course #: _________  PS Class #: _________

□ Returned for Revisions  □ Comments in PeopleSoft entered by: _________

□ Rejected  □ Notified Student [date]: __________