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 course name and number]
  Course 1 ___________________________ and Course 2 ___________________________

  Details of conflict: __________________________________________________________

☐ 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 11, 2018 at 4:00 pm
               January:          Tuesday, January 8, 2019 at 4:00 pm
               Winter Term:      Friday, February 1, 2019 at 4:00 pm

Dean’s Office Signature: ___________________________ Date: ___________________________

OFFICE USE ONLY:

☐ Approved _____ [initials]     Course #: ___________     PS Class #: _________

☐ Returned for Revision     ☐ Comments in PS: ______ [initials]       ☐ Enrolled Audit: ______

☐ Rejected                      ☐ Notified student on [date]: ___________     Initials: _____