REQUEST FOR SPECIAL PERMISSION
2021-2022

NOTE: 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 at least 80% of classes, irrespective of whether the classes are delivered synchronously or asynchronously. The Audit Attendance form is at https://law.uwo.ca/current_students/student_services/PDFs/Audit_Attendance_Form.pdf

Student’s Name: [print] ____________________________________________

Email: _________________________@uwo.ca

Student Number: _______________________

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 [max. 30 minutes; list course name and number]

Course 1 ___________________________ and Course 2 ___________________________

Details of conflict: ______________________________________________________________

☐ Maintain course overload [details]: ________________________________________________

☐ 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:
________________________________________________________________________________

________________________________________________________________________________

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________________________________________________________________________________

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]

Instructions: Complete the form and attach email correspondence as required or save it all as a PDF with filename “Special Permission – [your name].” Deliver the form to the Admin Office (room243) or email to Nathalia Acosta nacosta2@uwo.ca.

Deadlines:

Fall Term: Tuesday, September 14, 2021 at 4:00 pm

January Intensive: Monday, January 3, 2022 at 4:00 pm

Winter Term: Friday, January 28, 2022 at 4:00 pm

OFFICE USE ONLY

☐ Approved by _____  Course #: __________  PS Class #: __________  ☐ Enrolled Audit: _____

☐ Returned for revision  ☐ Comments in PS by: ________  ☐ Audit in OWL: ______

☐ Rejected by _____  ☐ Notified student on [date] _____________ by: __________