



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: _____