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 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]: __________