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, obtain the instructor’s signature on an attendance form and submit the form at the end of term.

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 [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:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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 10, 2019 at 4:00 pm
January:  Tuesday, January 7, 2020 at 4:00 pm
Winter Term:  Friday, January 31, 2020 at 4:00 pm

Dean’s Office Signature: ___________________________ Date: ________________________

OFFICE USE ONLY:
❑ Approved by _____ [initials]
❑ Returned for revision
❑ Rejected by _____ [initials]
❑ Course #: __________  PS Class #: __________  ❑ Enrolled Audit: ______
❑ Comments in PS: ______  ❑ Audit in OWL: ______
❑ Notified student on: __________ by: ______