



# 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 name and number]*  
course 1 \_\_\_\_\_ and course 2 \_\_\_\_\_
- 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: \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	
<input type="checkbox"/> Approved	Course #: _____ PS Class #: _____
<input type="checkbox"/> Returned for Revisions	<input type="checkbox"/> Comments in PeopleSoft entered by: _____
<input type="checkbox"/> Rejected	<input type="checkbox"/> Notified Student <i>[date]</i> : _____