



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:	
<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> : _____