ENGINEERING PERMISSION FORM

PLEASE INDICATE THE APPLICABLE SESSION:

☑ Fall/Winter
☐ Spring/Summer

STUDENT NAME: YOUR NAME
EMAIL ADDRESS: YOUR EMAIL
STUDENT NUMBER: YOUR STUDENT NUMBER

☐ Course Prerequisite Waiver

This approval is required if you do not have the academic requirements to register for a course. Course prerequisites are found in the Course Section of the Undergraduate Calendar.

Course: ________________________________
Instructor Name: __________________________
Signature: __________________________________
Date: _________________________________
(Please Print)

☐ Required Permission

This approval is required if the course for which you wish to register requires permission of the department.

Course: COE3DQS
Name: NICOLA NICOLICI
DEPARTMENTAL AUTHORIZATION (Please Print)

If required: Term: FALL ☑ Day ☐ Evening
Signature: LEAVE BLANK
Date: LEAVE BLANK

☐ Program Unit Overload

Request to overload above the required maximum units (as listed in the undergraduate calendar).

Total number of unit(s) overload: ______
Number of units required above 21 units for:
Term 1: ______
Term 2: ______

Name: __________________________
DEPARTMENTAL AUTHORIZATION (Please Print)
Signature: _______________________
Date: _______________________

FIPPA notice
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