ECE DEPARTMENT - PERMISSION FORM

To request Permission to take a course offered by the Electrical & Computer Engineering department.

Instructions:
- Use one form per course.
- After completing the student section, attach a copy of your Unofficial Transcript, and submit the request to the instructor of the course in person or by email.
- Once instructor approval is granted, submit the signed request form to the ECE Department for further processing (drop off in ITB-A111 or send by email to ugadmin@mail.ece.mcmaster.ca).
- We will notify you by email when Mosaic is ready for you to enroll in the course (though you may try enrolling at any time after submitting your approved form).

*In the case of the Individual Research Project Courses (40J4 / 40K4 / 40H4): first contact a professor who you’d like to work with, discuss the potential project and goals, then follow the steps above.*

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SURNAME (LAST NAME):______________________________________________________________
FIRST NAME(S):__________________________________________________________
STUDENT ID NUMBER:______________________________________________________________
EMAIL ADDRESS (@mcmaster.ca):____________________________________________________
PROGRAM (include Mgmt/Society/Co-Op if applicable):________________________________
LEVEL/YEAR #:_______________________________________________________________
COURSE CODE (such as “Elec Eng 2CI5”) that Permission is required for: __________________________
INSTRUCTOR:_______________________________________________________________
TERM (Fall or Winter):_________________________________________________________
If you do not have the prerequisite, indicate that Course Code:_________________________
STUDENT STATEMENT (Why are you asking for Permission? Provide circumstances and justification):
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

I have read the instructions, and given complete information. SIGNATURE:________________________

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INSTRUCTOR’S SECTION

Instructor – after circling your decision and signing this form please return it to the student.

DECISION (please circle one):   Approved   /   Denied

SIGNATURE_________________________________________ DATE____________________

ADVISOR’S APPROVAL MAY BE REQUIRED AFTER SUBMITTING TO DEPARTMENT.
ADVISOR’S SIGNATURE_________________________________ DATE__________________