ECE PERMISSION FORM

- To request Permission to take a course offered by the Electrical & Computer Engineering department.
- Use one form per course.
- After completing the student section, submit form with a copy of your Unofficial Transcript to the ECE Department Office (ITB-A111) or email the complete package to ugadmin@mail.ece.mcmaster.ca.
- This process normally takes approximately 2-5 business days, but it may take longer during the summer when faculty and staff take vacation, and during the busy Drop & Add periods.
- You will be notified by email when a decision has been made.

_exception_ - for Individual Research Project Courses (40J4 / 40K4 / 40H4): first contact a prof you’d like to work with; discuss potential project; provide your Unofficial Transcript for his/her review; have prof sign this form; then submit form to ITB-A111.

SURNAME (LAST NAME): ________________________________
FIRST NAME(S): ________________________________
PERSON ID: _______________________________________
EMAIL ADDRESS (@mcmaster.ca): ________________________________
PROGRAM: _______________________________________
LEVEL #: _______________________________________
COURSE ID (such as “Elec Eng 2C15”) for which Permission is required: ________________________________
INSTRUCTOR: _______________________________________
TERM (Fall or Winter): _______________________________________

☐ Check here if you do not have the prerequisite to take the course, and indicate the Course ID:
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

STUDENT STATEMENT (provide relevant circumstances and justification for this request):
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

SIGNATURE: ________________________________ (authorizes the instructor to see your grades and academic history)

INSTRUCTOR USE ONLY

DECISION (please circle one): Approved  /  Denied
SIGNATURE_________________________________ DATE________________________

_instructor_ – please return form to the Dept Office for the next step in this process.

ADVISOR’S SIGNATURE_________________________________ DATE________________________