ECE PERMISSION FORM

- Use one form per course. PRINT CLEARLY.
- After completing the student section, submit form with a copy of both your Unofficial Transcript and your Academic Advisement Report, 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 (previously known as Student Number): ________________
EMAIL ADDRESS (@mcmaster.ca): ______________________________
PROGRAM (ACADEMIC PLAN): ________________________________
LEVEL #: ________________________________________________
COURSE ID (such as “Elec Eng 2C15”) for which Permission is required: ______________________________
INSTRUCTOR NAME: __________________________________________
TERM (Fall or Winter): __________________________________________
☐ Check here if you do not have the Prerequisite/s to take the course, and indicate the Course ID/s:

________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

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________________________