

Application for a Waiver of an Academic Regulation

You are responsible for submitting this form to the appropriate office as indicated below.

Faculty:

- Agriculture
- Architecture and Planning
- Arts and Social Sciences
- Health Professions
- Management
- Management
- Science
- Engineering
- Computer Science

Submit to:

- Assistant Dean, Students, Agriculture, Room 117, Cumming Hall, 62 Cumming Drive (fax—893-3430)
- School of Architecture, "H" Building, 5410 Spring Garden Road (fax - 423-6672)
- Assistant Dean, Student Affairs, Suite 3030, Marion McCain Bldg for FASS, 6135 University Ave. (fax - 494-1957)
- Appropriate School, e.g. Pharmacy, Nursing etc.
- Program Administrator, Bachelor of Management, 6100 University Avenue (fax - 494-3480)
- Program Administrator, Bachelor of Commerce, 6100 University Avenue (fax - 494-3480)
- Assistant Dean, Student Affairs, Room 827, Biology Wing, Life Sciences Centre (fax - 494-1123)
- Associate Dean, Engineering, 5269 Morris St. (fax - 429-3011)
- Faculty of Computer Science, 6050 University Ave. (fax - 492-1517)

Important: Please provide name and current address for reply. Please Print Clearly

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| Name _____ | Student # | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 20px;">B</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> | B | | | | | | | | | |
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| Address _____ | Email _____ | | | | | | | | | | | |
| _____ | Phone _____ | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | |
| Degree program: _____ | | | | | | | | | | | | |

1. Are you on Canada Student Loan? (please check) Yes No
2. Please outline your request along with reasons for it, and provide any information you think will assist the committee in making a decision. (If appropriate, please attach supporting documents, e.g., medical certificate, letter from class instructor, etc.)

Student's signature: _____ Date: _____

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| <p>Office Use Only</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> NOT Approved Effective date: _____</p> <p>Comments:</p> <p>Authorized signature: _____ Date: _____</p> |
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