



**Registrar's Office**  
Room 130, 6299 South Street  
Henry Hicks Academic Administration Bldg  
PO Box 15000  
Halifax, NS B3H 4R2

# 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
- ☐ 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, Ste 3030, Marion McCain Bldg 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, 5217 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**

<b>Name</b> _____	<b>Student #</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px 10px;">B</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>	B								
B											
<b>Address</b> _____ _____ _____											
<b>Degree program:</b> _____		Email _____ Phone _____									

Are you on Canada Student Loan? (please check)    ☐ Yes    ☐ No

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:** \_\_\_\_\_

**Office Use Only**

☐ Approved    ☐ NOT Approved    Effective date: \_\_\_\_\_

Comments:

**Authorized signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_