



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

Request to Exceed the Normal Workload

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, 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)

Name _____	Student #	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">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> <td style="width: 20px; height: 20px;"></td> </tr> </table>	B									
B												
Address _____ _____	Email _____											
_____	Phone _____											
Degree program: _____												

1. How many classes did you complete last year? If less than five (5), please explain:

2. Please list the classes for which you are currently enrolled:

Fall	Winter	Summer

3. Please list the additional classes(es) you are requesting:

Fall	Winter	Summer

4. Please outline your reasons for wanting to take the additional classes:

Office Use Only

Approved NOT Approved Effective date: _____

Comments:

Authorized signature: _____ **Date:** _____ **Faculty/School:** _____