Course Registration Request Form

Faculty of Engineering and Applied Science – Student Services



ONE Course Request Per Form

2055.

- All sections of the form MUST be completed.
- A copy of your timetable (calendar view) MUST be included or the form will not be processed.

Student # Program (eg. CHEE)							
Student signature (unless sent from .queensu.ca account) Interest Student signature (unless sent from .queensu.ca account)	Surname	Given Name	Given Name			Student #	
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Student signature (unless sent from .queensu.ca account) Interest Student signature (unless sent from .queensu.ca account)	Program (eg. CHEE)	Option (eg. CHE1)	Current Year	of Study	CUM GPA	Queen's Ema	ail
TYPE of Request (place an X beside the one that applies): Waive a prerequisite or co-requisite for a course (instructor permission required via email or signature) Register in a first year APSC course send form to micheline.johnston@queensu.ca Other (please explain) Proposed Course (eg. CHEE 209) Term (F, W, FW) LEC Section and # LAB Section and # TUT Section and # eg.002-TUT (5431) LIST Missing Prerequisites/Corequisites if applicable (eg. APSC 111, APSC 172, CHEE 209): REASON(s) for Request (if not indicated above. Please explain clearly but succinctly − in a maximum of 20 lines.) NSTRUCTOR Approval: If you support this request, please sign and date below. (An email from instructor can be used in lieu of signature) Name Signature Date OFFICE USE ONLY INDERGRADUATE CHAIR Approval: If you support this request, please sign and date below. Name Signature Date Date Date Date Date: Date: Date:		, , ,				•	
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this form may be retained in the student's file, will be used to process this request, and will be shared with Queen's personnel who need the information to perform their duties. If you have any questions about the information collected or how it will be used, please contact the Freedom of Information and Protection of Privacy Coordinator, Faculty of Engineering & Applied Science, Beamish-Munro Hall, Room 200, or phone 613-533-