## **Course Registration Request Form**

Faculty of Engineering and Applied Science – Student Services



- ONE Course Request Per Form
- 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.

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Surname		Given Name		Student #	
Program (eg. CHEE)	Option (eg. CHE1)	Current Year of Study	CUM GPA	Queen's Email	
Date		Student signature (unless se	nt from .queensu.ca acco	unt)	
TYPE of Request (place a	an X beside the one t	hat applies):			
Waive a prereq	uisite or co-requisite	for a course (instructor perm	ission required via e	mail or signatu	ire)
Register in a firs	st year APSC course s	end form to <u>micheline.johnst</u>	on@queensu.ca		
Other (please ex	xplain) 🗢				
	. ,				
Proposed Course (eg. CHEE 209) Term (F, W, FW		I, FW) LEC Section and # eg.001-LEC (4639)	LAB Section ar eg. 002-LAB (6		TUT Section and # eg. 002-TUT (5431)
LIST Missing Prerequisit	es/Corequisites if ap	plicable (eg. APSC 111, APSC	172, CHEE 209):		
RFASON(s) for Request	(If not indicated abov	e. Please explain clearly but	succinctly – in a max	imum of 20 lin	۵۵ )
REASON(S) for Request					
INSTRUCTOR Approval: signature)	If you support this re	quest, please sign and date b	elow. (An email fro	m instructor ca	n be used in lieu of
Name		Signature	D	ate	
		OFFICE USE ON	LY		
UNDERGRADUATE CHAIR App	roval: If you support this r	equest, please sign and date below.			
Name		Signature	D	ate	
Notes/Comments:					
PROCESSED by Program Assist	ant: Quick Enrol?	Permission #:	Name:		Date:
Porconal information calles	ted on this form is call	acted under the authority of the l	Poval Charter of 1011	as amondod Th	a information collected on
-	-	ected under the authority of the I be used to process this request,			-
information to perform the	ir duties. If you have ar	, Faculty of Engineering & Applie	on collected or how it v	vill be used, plea	ise contact the Freedom of