

University of Guelph, Office of Registrarial Services  
 Enrolment Services, University Centre, Level 3  
 Guelph, Ontario, Canada N1G 2W1

SELECT ONE OF THE FOLLOWING:

Summer

Year:

## Graduate Add/Drop - Course Waiver Request

NOTE: THIS FORM MUST BE RETURNED TO THE OFFICE OF REGISTRARIAL SERVICES

### A. GENERAL INFORMATION

ID Number \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

### B. COURSE INFORMATION

UNIV*7510 Active F/T Registration	UNIV*7520 Active P/T Registration
*APPLICATION IS REQUIRED TO CHANGE LOAD STATUS, SEE OFFICE OF GRADUATE STUDIES	
ADD	DROP

COURSE	CODE	SECTION
COURSE TITLE		

**Graduate Coordinator Approval - REQUIRED**

Form will not be processed without signature

Signature: \_\_\_\_\_

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

**Section Overload Waiver**

Course Section is at capacity. Signing this box will override the section capacity.

Instructor's Signature: \_\_\_\_\_

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

**Late Add**

Required for adding courses beyond the last day of the Add period for the current semester.

Instructor's Signature: \_\_\_\_\_

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

**INSTRUCTOR'S ACKNOWLEDGEMENT**

BASED ON OUR DISCUSSIONS I, THE INSTRUCTOR UNDERSIGNED, ACKNOWLEDGE THAT THE STUDENT MAY NOT HAVE THE SPECIFIED REQUIREMENTS. BY WAY OF MY SIGNATURE I AM WAIVING THEM.

**Course Prerequisite or Corequisite Waiver**

Signing this box will override the prerequisite or corequisite requirement.

**Course Restriction Waiver**

A rule that restricts access to the course based on Student Program or previous credits. Signing this box will override this rule.

**Instructor Consent**

Instructor consent is **required** if taking undergraduate courses, courses for audit (AU), distance education courses (DE), courses designated as "instructor consent required".

Instructor's Signature: \_\_\_\_\_

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

**C. STUDENT'S ACKNOWLEDGEMENT**

I ACKNOWLEDGE THAT THE FOLLOWING INFORMATION ON THIS FORM IS CORRECT AND THAT I HAVE SELECTED COURSES IN ACCORDANCE WITH PROCEDURES OUTLINED IN THE GRADUATE CALENDER. I ALSO AGREE TO ABIDE BY THE STATEMENT ON THE STUDENT'S RIGHT'S AND RESPONSIBILITIES AND ACADEMIC RESPONSIBILITIES AS DESCRIBED IN THE GRADUATE CALENDER.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE OF RECEIPT: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_