



Check only one of the following:

- Summer
- Fall
- Winter

Year: _____

NOTE: Email the completed form, including applicable instructor and Program Counsellor signatures, to es@uoguelph.ca. To sign this form, insert your digital ID by clicking the signature field; please do not use Adobe's "Fill & Sign" tool.

If you are requesting a *credit overload* (to take more courses in a semester than normally allowed for your program), please [contact your Program Counsellor](#); this form is no longer required.

A. General Information

ID Number: _____

Last Name: _____

First Name: _____

B. Course Information

Course: (e.g. SOAN) _____

Code: (e.g. 4250) _____

Section: (e.g. 0104) _____

Course Title: (e.g. Energy and Society) _____

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

A prerequisite is a requirement for entry into a course. A corequisite is a course, the content of which is integrated with that of another course such that the courses must be taken simultaneously. 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's 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. Both signatures required.

Instructor's Signature: _____

Date: _____

Program Counsellor's Signature: _____

Date: _____

C. Student's Acknowledgement

I acknowledge that the information on this form is accurate.

Student's Signature: _____

Date: _____

For Office Use Only

Drop Course: _____

Student's Signature: _____

Date of Receipt: _____

Received by: _____