



Check **only one** of the following semesters:

- Summer
- Fall
- Winter

Year: _____ (i.e., 2023)

Note: Email the completed form to es@uoguelph.ca. Exception: For Late Add UNIV*7510/7520, email [OGPS - Records](#).

A. General Information

ID Number: _____

Last Name: _____

First Name: _____

B. Course Information

Add Drop

UNIV*7510 Active F/T Registration UNIV*7520 Active P/T Registration Course Audit

Note: If you are looking to switch between Full-Time and Part-Time, a separate [application/form](#) is required.

If adding UNIV*7510/7520 in the Late Add Period:

1. Email the completed form to [OGPS - Records](#)
2. Connect with Student Financial Services regarding your term payment

Course: (e.g., CIS) _____ Code: (e.g., 6000) _____ Section: (e.g., 0104) _____

Course Title: _____

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) or courses designated as "instructor consent required."

Instructor's Signature: _____

Date: _____

Program Coordinator signature required for:

1. Credit Overload Waiver (beyond 4.00 credits, full-time students only)
2. Provisional Student
3. New Student Late Add

Form will not be processed without signature.

Program Coordinator 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: _____

OGPS Approval (Late Add): _____

C. Student's Acknowledgement

I acknowledge that the information on this form is correct and that I have selected courses in accordance with procedures outlined in the Graduate calendar. I also agree to abide by the statement on the Student's Rights and Responsibilities and Academic Responsibilities as described in the Graduate Calendar.

Student's Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date of Receipt: _____

Received By: _____