

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: _____