

Departmental Consent Form

- Complete all applicable sections of form and attach supporting documentation before attempting to obtain the required signature(s).
- You will receive a letter at the contact email below informing you of the decision. Keep a copy of this for your records.

Surname _____ Given name(s) _____

Title (e.g., Mr., Mrs., Miss) _____ Program/Plan _____ Student ID _____

Email _____ Academic Level (e.g., 2A) _____ Co-op or Regular

Current Address _____

Postal Code _____ Telephone Number _____

Indicate the type of consent you are requesting by checking the appropriate box below:

Waive residency requirement

Extension of INC grade beyond three academic terms _____ / _____
course anticipated term of completion

Allow _____ to count instead of _____ for the
course course
_____ program/plan

Other: _____

State the reason(s) for this request in the space below.

Student signature _____ Date _____

Associate Chair decision

Positive

Negative

Rationale: _____

Signature _____ Date _____