

School Of Electrical Engineering and Telecommunications

Application for Special Permission to Enrol

Student

No: _____ Family Name: _____ Given Name: _____

Program Code: _____

Session: _____ Year: _____ Course Code (e.g ELEC1010): _____

Provide Class numbers you wish to be enrolled into if this form is approved:

Laboratory: _____ Tutorial: _____

Reason for permission: (Tick all boxes that apply)

- Timetable Clash (if checked **Section A** must be completed)
 Overloading (if checked **Section B** must be completed)
 Course Substitution (if checked **Section C** must be completed)

Section A – Timetable Clash

	Course Code	Course Name	Have you taken this course before?
Course you wish to attend in full:			Yes <input type="checkbox"/> Mark % No <input type="checkbox"/>
Course you will be unable to attend in full: (this MUST be and EET course)			Yes <input type="checkbox"/> Mark % No <input type="checkbox"/>

Please specify if the hour you will miss belongs to:

laboratory tutorial lecture (tick one)

Have you verified that the clash is for one hour per week only: YES/NO (circle one)

Comments: _____

Permission from lecturer to miss one hour lecture/ tut/ lab:

YES NO

Name: _____ Signature: _____ Date: _____

Section B – Overloading

Are you limited to only 18UOC: YES/NO

How many UOC would you be overloading to: _____ UOC

What is your current WAM: _____

Reason(s) for overloading: _____

Please turn over for Section C

Section C – Course Substitution

You wish to substitute the course listed on page one instead of:

- One Professional Elective
- One-Third Year Elective
- General Education. Number of Credit Points: _____
- Time-in-lieu for Course Code: _____ Course Name: _____

Have you successfully completed the pre-requisites for this course: YES/NO/NA (please circle)

Previous substitutions done: YES/NO If yes course code: _____

Reason for substitution: _____

Please go to: <http://scoff.ee.unsw.edu.au/document/substitution.html> for guidelines on substituting courses

SCHOOL/LECTURER CONTROLLING REPLACEMENT COURSE: Do you permit this student to enrol in:

Course no: _____ Course name: _____

YES NO Signature: _____ Date: _____

Name: _____

I certify that the information I have provided is correct and accept responsibility for enrolling into this course.

Signed (student): _____ Date: _____

Approval by Director of Academic Studies:

Clash approved: YES NO Reason: _____

Overload approved: YES NO Reason: _____

Substitution approved: YES NO Reason: _____

Comments: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Student enrolled: YES NO Date: _____

Comments: _____

Student notified by e-mail: YES NO Date: _____

Comments: _____

Signature: _____