Request to Exceed the Normal Workload

You are responsible for submitting this form to the appropriate office as indicated below.

Faculty: Submit to:
- Agriculture                        Assistant Dean, Students, Room 117, Cumming Hall, 62 Cumming Drive (fax—893-3430)
- Architecture and Planning          School of Architecture, “H” Building, 5410 Spring Garden Road (fax - 423-6672)
- Arts and Social Sciences            Assistant Dean, Student Affairs, Suite 3030, Marion McCain Bldg for FASS, 6135 University Ave. (fax - 494-1957)
- Health Professions                 Appropriate School, e.g. Pharmacy, Nursing etc.
- Management                        Program Administrator, Bachelor of Management, 6100 University Avenue (fax - 494-3480)
- Science                            Assistant Dean, Student Affairs, Room 827, Biology Wing, Life Sciences Centre (fax - 494-1123)
- Engineering                       Associate Dean, Engineering, 5269 Morris St. (fax - 429-3011)
- Computer Science                  Faculty of Computer Science, 6050 University Ave. (fax - 492-1517)

Name ___________________________________________ Student # _________

Address ________________________________________

_______________________________________________

Email _________________________________________

_______________________________________________

Phone _________________________________________

Degree program: _______________________________________

1. How many classes did you complete last year? If less than five (5), please explain:

2. Please list the classes for which you are currently enrolled:

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Summer</th>
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3. Please list the additional classes(es) you are requesting:

<table>
<thead>
<tr>
<th>Fall</th>
<th>Winter</th>
<th>Summer</th>
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4. Please outline your reasons for wanting to take the additional classes:

Office Use Only
- Approved   
- NOT Approved  Effective date: _______________________

Comments:

Authorized signature: ________________________ Date: _______ Faculty/School: ________________________