



## REQUEST FOR COURSE LOAD WAIVER

The normal course load in any semester is fifteen to eighteen credit hours, and in any session, six credit hours. Should you wish to register for more than the normal course load, and should your academic program not require you to register in more than the normal load you must obtain the written permission of the Dean of your faculty/school. This permission must be processed by the Registrar's Office before the registration systems will permit you to register in more than the normal course load.

Year

Sem

Student Number

Last Name, Given Names

Sem: Fall – F, Winter – W, Spring – S

MUN Email address: \_\_\_\_\_

Reason for request \_\_\_\_\_

**Academic term students:** indicate the number of the extra course being added:

Course Number: \_\_\_\_\_

**Work Term students:** list all courses to be taken in addition to the work term:

Course Number: \_\_\_\_\_ Course Number: \_\_\_\_\_

As this student's work term supervisor, I understand the impact that taking academic course(s) during this work term may have on the student's assigned work and I support this request.

Employer signature: \_\_\_\_\_

ASM-CE signature: \_\_\_\_\_

Click "Submit Form" to send the form electronically.

Submit Form

If you do not have an email client on your system, or your web browser can't connect to the email client, the "Submit Form" will not work. In this case, save the file on your computer and then attach it to an e-mail and send it to: engr@mun.ca

For Mac users only: When using Preview to complete the form, please save the file after entering your response using File > Print > PDF > Save as PDF. IF you use the default save settings, your entries will be invisible to Acrobat on a PC.

### OFFICE USE ONLY

Please enter in the space provided below the total number of credit hours for which this student may register in each semester/session indicated:

Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_ Winter Semester \_\_\_\_\_

Signature of Department Head (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Director for Co-op (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Associate Dean: \_\_\_\_\_ Date: \_\_\_\_\_