

**University of Manitoba**  
**Department of Electrical and Computer Engineering**  
**SPECIAL PERMISSION FORM**

**Section A: STUDENT** – Please complete this section in full.

**PLEASE NOTE: This is NOT a registration form. The STUDENT is responsible for registration through their Department.**

Name: \_\_\_\_\_  
(Last name) (Given name)

Student #: \_\_\_\_\_ Faculty/Dept.: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

UofM E-mail Address: \_\_\_\_\_

**Section B: COURSE INFORMATION** – This section is to be completed by the student with the assistance of the ECE Undergraduate Advisor.

Term:  Fall 201\_\_\_\_  Winter 201\_\_\_\_  Summer 201\_\_\_\_

Course #: \_\_\_\_\_ Course Name: \_\_\_\_\_

Lecture: Section: \_\_\_\_\_ CRN: \_\_\_\_\_ Laboratory: Section: \_\_\_\_\_ CRN: \_\_\_\_\_

**Section C: AUTHORIZATION** – This section must be approved by the Department Head or designate.

Limited Access Override (**Override is only available 3 or more terms after the course was last attempted / VWd.**)

Major Restriction Override  College Restriction Override  Program Restriction Override

Lack of appropriate Prerequisite/Co-requisite (for Engineering courses only) (**Instructor Approval Required**)

Prerequisite Course Equivalent: \_\_\_\_\_

Co-requisite Course Equivalent: \_\_\_\_\_

Space/Capacity Override (for Engineering courses only) (**Department and/or Faculty Approval Required**)

Allow Time Conflict

Section Change: From \_\_\_\_\_ To \_\_\_\_\_

Other \_\_\_\_\_

**Faculty Guidelines:** It is NOT the policy of the Faculty of Engineering to waive prerequisite requirements or to allow a student to substitute course equivalents; however, it is recognized that in UNUSUAL circumstances it is in the best interest of the student to do so. Any waiver of prerequisites or co-requisite courses **must** have instructor approval.

**OFFICE USE ONLY:**

**Permission:**  Granted  Denied

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Dept/Faculty Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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