



Biosystems Engineering
Price Faculty of Engineering
SPECIAL PERMISSION FOR COMPLEMENTARY/FREE ELECTIVES

The Department of Biosystems Engineering authorizes:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student Number: \_\_\_\_\_ Email: \_\_\_\_\_

Student's Department or Faculty: \_\_\_\_\_

To register in the following Term:

[ ] 20\_\_\_\_\_ Fall Term (Sept) [ ] 20\_\_\_\_\_ Winter Term (Jan) [ ] 20\_\_\_\_\_ Summer

Course: \_\_\_\_\_ Lecture Section: \_\_\_\_\_ CRN: \_\_\_\_\_
(Subject Code & Course Number)

Lab Section: \_\_\_\_\_ CRN: \_\_\_\_\_

[ ] Notwithstanding the lack of appropriate prerequisite/corequisite
Indicate missing prerequisite/s: \_\_\_\_\_

[ ] As a course equivalent or mutual exclusion for course: \_\_\_\_\_
(Instructor's signature is not required) Course Code

[ ] Permission to take an engineering course while registered in another faculty (Override degree restriction or Field of Study) Students must meet all prerequisite/corequisite requirements. (Subject to space availability only.)

[ ] Year Class Restriction Override (Instructor's signature is not required)

[ ] Restriction Override (Instructor's signature is not required)
Specify: [ ] Major Restriction Override [ ] College Restriction Override [ ] Program Restriction Override

[ ] Other (Please Specify):

Signed: \_\_\_\_\_ Date: \_\_\_\_\_
(Instructor)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_
(Faculty Representative)

Faculty Guidelines:

It is NOT the policy of the Faculty to waive 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.

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