



**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: _____

Course Number: _____ **Course Title:** _____

(Subject Code & Course Number)

- I would like to request permission to take the above course as a Complementary Elective and count it towards my
- Biomedical Specialization
 - Bioresource Specialization
 - Environmental Specialization
 - Other (Specify Specialization) _____

- I would like to request permission to take the above course as a Free Elective and count it towards my
- Biomedical Specialization
 - Bioresource Specialization
 - Environmental Specialization
 - Other (Specify Specialization) _____

Other:

Office use only:

Course Description from Calendar:

Permission: Granted Denied

Signed: _____ **Date:** _____
(Department Head)

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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