

**The University of Western Ontario
Faculty of Engineering
Department of Mechanical & Materials Engineering**

**Graduate Course Enrolment Form
SPECIAL PERMISSION**

Name: _____ Student #: _____
(Please print/type)

Degree: M.Eng M.ESc PhD Status: Full-Time Part-time

Term: Fall Winter Summer Year: _____

SPECIAL PERMISSION FOR MENG TO TAKE 96xx OR 97xx COURSE

SPECIAL PERMISSION FOR MESC /PHD TO TAKE 95xx COURSE

<u>Course #</u>	<u>Course Title</u>	<u>Course to be counted as credit towards fulfillment of course requirement</u>
<input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO

JUSTIFICATION OF REQUEST

Student's Signature _____

Instructor's Signature _____

Supervisor's Signature _____

Date: _____

FOR OFFICE USE ONLY

Associate Chair (Graduate): _____ **DATE:** _____

**Please complete and return this form to:
Graduate Coordinator
Room 3002C – Spencer Engineering Building**