Carleton University **** School of Computer Science
Please return completed form and attachment to the School of Computer Science, Rm. 5302 Herzberg

PERMISSION FOR CREDIT

WHEN TO USE THIS FORM
Use this form **ONLY** if the course you want to take for credit is:

1.   **NOT** on the approved list of graduate courses indicated below*
2.   any undergraduate course **NOT** specifically listed on *your "Statement of Standing on Admission"* as part of your program requirements.

   ***Please note that prior permission is NOT required for**
   1) M.C.S. and Ph.D. students registering in graduate level courses from the OCICS schedule
   2) ISS students taking graduate level courses offered by the Schools of Computer Science (with prefix COMP), Mathematics and Statistics (with prefix MATH or STAT) and Systems and Computer Engineering (only those courses with prefix SYSC).

THE PROCESS
1.   Complete the form below
2.   Attach a course description (Calendar description is acceptable)
3.   Obtain signed approval of thesis or project supervisor
4.   Return completed, signed form to Room 5302 Herzberg
5.   Graduate Director will review request and inform student of decision
6.   Approved forms will be kept on file for graduation purposes

1.   Date of Request _____

2.   Student Information

                                                                                          ____PhD
      Name: _____Student # : _____   Program: ____MCS
                                                                                          ____ISS
      Email Address: _____ Telephone # : _____

3.   **PERMISSION FOR CREDIT requested for**: _____
                                                          course number and title

4.   **REASON(S)** for wanting to register in this course.   Please be *specific* as to how this course will contribute to your thesis work or overall program success.   Attach a description of the course if not listed in the Carleton Graduate Calendar.

5.   For the above stated reasons, I request that the student be permitted to take this course for credit towards the degree.

Thesis/Project Supervisor: _____   Signature of Approval: _____
                                    please print name   of Thesis/Project Supervisor

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FOR SCS OFFICE USE ONLY
Approval of Graduate Director: _____
Reason if not approved: