



# Course Request Form for Special Students

Please return the completed form to the Graduate Administrator in room ME 3452  
Or email to [CEEGradInfo@cunet.carleton.ca](mailto:CEEGradInfo@cunet.carleton.ca).

<b>Student Information</b>	
Date:	
Student Name:	Student number:
Graduate course code:	CRN:
<b>Reason for registering for the course:</b>	
Student Signature:	Date:
<i>**Please note you will need approval from the course instructor and the department before you can register for the course.</i>	
Course instructor Comments:	
Course instructor's name:	
Signature:	Date:

<b>Departmental Office Use Only</b>	
Request	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Associate Chair (Graduate) – Comments:	
Associate Chair (Graduate) Name:	
Signature:	Date: