

Carleton University's School of Linguistics and Language Studies (SLaLS)

COURSE APPROVAL FORM

FOR COURSES REQUIRING DEPARTMENTAL PERMISSION

How to use this form:

- Undergraduate students taking an independent study, honours project or honours thesis:** Complete the form and have it signed by the professor/supervisor and academic advisor. Send your form to SLALSUndergraduate@cunet.carleton.ca and submit a registration override request in Carleton Central.
- Undergraduate students requesting to take ALDS 4203:** Have the form signed by the language instructor you will be assisting and then submit a registration override request in Carleton Central. Send signed form to SLALSUndergraduate@cunet.carleton.ca.
- Students minoring in a language who are requesting a course in another discipline relevant to the language:** Complete the form in consultation with the Assistant Director for Modern Languages and send to SLALS@cunet.carleton.ca.
- Graduate Students taking a tutorial, research essay or thesis:** Complete the form and have it signed by the supervisor before sending it to SLALSGraduate@cunet.carleton.ca and submitting a registration override request.

Student Information			
Last Name	First Name	Preferred Name	Student Number
Degree Information			
Undergraduate: <input type="checkbox"/> B.A. <input type="checkbox"/> B.A. Honours <input type="checkbox"/> B.Sc. Honours <input type="checkbox"/> Other:	Graduate: <input type="checkbox"/> M.A. <input type="checkbox"/> Ph.D. <input type="checkbox"/> Other:	Year Standing: Major: Minor:	
Reason for Request			
<input type="checkbox"/> Course for Major	<input type="checkbox"/> Course for Minor	<input type="checkbox"/> Other:	
Course Requested			
Term: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Winter 20____ <input type="checkbox"/> Summer 20____	Course Code, Number, Section	Course Title	CRN
Description of the proposed topic (Required for independent studies, tutorials, honours and graduate projects, theses, and/or research essays)			
Student Signature			
Signature			Date
Approval			
Professor/Supervisor Name		Signature	Date
Academic Advisor/Assistant Director		Signature	Date
For Office Use Only			
Banner:		Email to Student:	Registration: