



COURSE PERMISSION FORM

Please return completed form and attachment to the Institute Administrator

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 in the Graduate Calendar.
2. For any undergraduate course **NOT** specifically listed on your "Statement of Standing on Admission" as part of your program requirements.

THE PROCESS:

1. Complete the form below
2. Attach a course description (Calendar description is acceptable)
3. Return completed, signed form to Room 1401 DT
4. Graduate Director will review request and inform student of decision
5. Approved forms will be kept on file for graduation purposes

Date of Request _____

Student Information

Name: _____ Student # : _____

Email Address: _____ Telephone # : _____

PERMISSION FOR CREDIT requested for:

Course Number and Title

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.

Student's Signature: _____

PERMISSION FOR CREDIT

FOR WGS OFFICE USE ONLY

Approval of Graduate Director: _____

Reason if not approved: _____