EMERGENCY COURSE PLACEMENT REQUEST

Bachelor of Education (Phys Ed Major and Minor)

[Submission of this request does not guarantee approval]

o Contact your advisor in the Faculty of Education to request documentation attesting that this is the final required course in your program. (Requests submitted without supporting documents will be denied)

A. Is this course required (not optional) in your program? □ Yes □ No
B. Is this the only section that does not conflict with another required course? □ Yes □ No
C. Did you attempt to register in this course as soon as you were eligible? □ Yes □ No
   If not, why not? __________________________________________________________
D. Is this your final term in the program before graduation? □ Yes □ No
   Practicum/APT: □ Fall 20___ □ Winter 20___ □ Fall 20___ □ Spr/Sum 20___
   Expected Graduation: □ June 20___ □ November 20___

Term (e.g. Fall '09) Course (e.g. KIN 293) Section (e.g. Lab D3) (Circle selection)
1. ___________________________ ___________________________ ___________________
2. ___________________________ ___________________________ ___________________
3. ___________________________ ___________________________ ___________________
4. ___________________________ ___________________________ ___________________

Additional Information (e.g. if approved, swap with this conflicting course): ___________________

(attach additional pages if necessary)

I certify that the above information is correct and understand that if it is found to be incorrect my request may be denied.

Signature: ___________________________ Date: ___________________________
FOR OFFICE USE ONLY

Course information

Enrolment: ___________ Course Capacity: ___________ Room Capacity: ___________

Instructor: ____________________________________ Room: _____________________

Faculty of Education Student Advisor’s Comments: ____________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Faculty of Education Student Advisor’s Recommendation: □ Approve □ Deny

Faculty of Phys Ed and Rec Student Advisor’s Comments: ________________________________

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____________________________________________________________________________________

____________________________________________________________________________________

Faculty of Phys Ed and Rec Student Advisor’s Recommendation: □ Approve □ Deny

Faculty of Phys Ed and Rec Associate Dean’s Decision: □ Approved □ Denied

Comments: __________________________________________________________________________

____________________________________________________________________________________

Reason for denial: _____________________________________________________________________

____________________________________________________________________________________

Phys Ed and Rec Associate Dean’s Signature: _______________ Date _____________

Registered: □ Yes □ No Student Advisor Signature: ___________________ Date ________

Comments: __________________________________________________________________________