Form to request a course registration with a scheduling conflict

INSTRUCTIONS TO FOLLOW BEFORE SUBMITTING YOUR APPLICATION

1) Please make sure you meet the eligibility criteria and requirements before completing your request. **Requests that do not meet the requirements will be refused**.

2) You must obtain a **written confirmation** (from one of the professors) that their course components in a scheduling conflict are recorded, therefore offered in asynchronous mode. You will need to attach their confirmation email to your request.

3) Once you have met the requirements of points 1 and 2, please submit the form by email to bacinfo@uOttawa.ca and attach the professor's email confirmation.

A. PERSONAL INFORMATION		
NAME :	SURNAME :	STUDENT NUMBER : | | | | | | | |
PROGRAM OF STUDY :		
YOUR YEAR OF STUDY :	CGPA :	

B. TERM
TERM (Please indicate the year next to the selected term. E.g. Fall 2023)

FALL:	WINTER:	SPRING/SUMMER :

C. COURSE INFORMATION				
COURSE CODE #1	SECTION	START TIME	END TIME	PROFESSOR
LAB *(if applicable)*				
TUT *(if applicable)*				
DGD *(if applicable)*				
COTE DE COURS #2	SECTION	START TIME	END TIME	PROFESSOR
LAB *(if applicable)*				
TUT *(if applicable)*				
DGD *(if applicable)*				
Specific Scheduling Conflict **(E.g. between 11 :00 a.m. and 11:20 a.m.)**				

D. JUSTIFICATION (PLEASE DESCRIBE THE REASONS JUSTIFYING YOUR REQUEST):

DAY	MONTH	YEAR

STUDENT'S SIGNATURE :

DATE