

REQUEST FOR GRADUATE LEVEL COURSE AT ANOTHER DEPARTMENT

This form is to be completed by graduate students at the Faculty of Education who are requesting permission to register for a graduate level course at another department at Western.

Student Name:

Student #:

Student E-Mail Address:

PERMISSION TO REGISTER IN :

Department Offering Course:

Course #:

Course Title:

Term of Registration:

APPROVAL SIGNATURES:

Supervisor:

Date:

**Department Offering Course:
(Instructor/Grad Assist/Grad Chair)**

Date:

**Graduate Programs Office:
(Faculty of Education)**

Date:

The form must be submitted to the Graduate Programs Office once all signatures have been obtained.