



VOTRE LIEN AVEC CE QUI COMPTE — CONNECTS YOU TO WHAT MATTERS

## REQUEST FOR COURSE APPROVAL

Please note that requests will not be accepted unless all fields are completed for **each requested course**.

Given Name	Surname	Student No.
Name of institution		Term

Course code	Course Title	Local Credits
Course Description (minimum two lines)		

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Date	Signature
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IMPORTANT INFORMATION: The completed form must be saved and sent to [Undergraduate@Telfer.uottawa.ca](mailto:Undergraduate@Telfer.uottawa.ca) for approval. The request will be processed within three business days.

<b><u>FINAL APPROVAL RESERVED TO THE SCHOOL</u></b>	
Evaluated by: _____	Date : _____
Comments : _____	
_____	
_____	