

Instructions (print clearly):

Use this form only for dropping courses, overriding requisites, and overriding unit load during the course selection period.

Note that enrolment into course(s) cannot be guaranteed.

1. Complete appropriate course selection information.
2. Obtain approval signature.
3. Submit **within one week following the end of the course selection period** to: [The Center](#), NH, first floor.

Waterloo student identification number _____ UWaterloo email _____@uwaterloo.ca

Last name _____ First name _____ Middle name(s) _____

 Faculty/Plan _____ Course Selection Term Fall Winter Spring Year _____

Student signature _____ Date (yyyy/mm/dd) _____

Instructions for course selections authorized by departments

Priority: Choose a unique value from 1 (highest priority) to 10 (lowest priority).

Instruction Mode: Indicate from the available options of on-campus or online/distance education for each course as noted on the Course Selection Offerings List.

Campus: Choose the appropriate campus as noted for each course selection offerings list.

Department Consent: A course add must be authorized by the academic department offering the course.

Scheduling preference for all on-campus courses only

 Indicate preference with a "✓." Either day or evening classes Evening classes only

Course selection information

	Subject	Catalog Number	Priority	Instruction Mode	Instruction Mode	Mode Required	Mode Required	Campus Choice	Campus Required	Campus Required	Override Requisites	Override Requisites	Department Consent Signature
				On-campus	Online	Yes	No		Yes	No	Yes	No	
Add	(Sample Online) PSYCH	101	1		✓	✓						✓	Signature for PSYCH course
Add	(Sample course taught at STJ) MATH	135	8	✓		✓		STJ	✓		✓		Signature for MATH course
Add													
Add													
Add													
Add													
Add													
Add													
Add													
Add													

Drop all courses or indicate course(s) to be dropped below

	Subject	Catalog Number
Drop		
Drop		

	Subject	Catalog Number
Drop		
Drop		

	Subject	Catalog Number
Drop		
Drop		

Override Unit Load
 No Yes Units allowed _____ Advisor approval _____ Ext. _____ Date (yyyy/mm/dd) _____

Notes: _____

