

School of Social Work

APPLICATION FOR COURSE LOAD REDUCTION (CLR)

NAME:	STUDENT#
TELEPHONE:	EMAIL:
DURATION of CLR (e.g. Fall 2018; Dura	tion of program):
RATIONALE/REASON FOR REQUEST:	
This application must be accompanied by a le	etter of request from the student that addresses the following:
 Outline proposed course plan I Fall – SCWK 2211, 232 Winter - SCWK 2313, 2 Spring – Course from L 	r making this request course load/change of sequence will help you succeed in program by semester– eg. 20, 2520, 230A, Course from LO3 2321, 2711, 230B; Course from LO3
registered with the Blundon Centre must subr	appropriate supporting documentation. For example, students mit a letter of support from the Blundon Centre. Students who have a with the Blundon Centre must submit a Student Medical Certificate alth Professional.
·	d on medical reasons are approved at the level of the Associate the school's Undergraduate Studies Committee for consideration.
•	Services Coordinator as early as possible, and no later than the in which the CLR is required. Students will be notified by email as
Table 2 of Section 6 of the Social Work Section Studies courses are limited in spring semeste winter and are unable to complete courses from	ilable in fall and winter semesters as per the schedule outlined in on of the University Calendar. Please also note that Complementary ers. Therefore students who are approved for a CLR in fall and/or om a required Learning Objective for that year, will not be permitted have met the prerequisite requirements. In these instances, students
Student Signature:	Date:
Anneovol:	Date

Non Approval: _____ Date: ____

Revised: July 12, 2018