



School of Social Work

APPLICATION FOR COURSE LOAD WAIVER (INCREASE OF COURSE LOAD)

NAME: _____ **STUDENT#** _____

TELEPHONE: _____ **EMAIL:** _____

ADDRESS: _____

SEMESTER/YEAR of REQUEST: _____

RATIONALE/REASON FOR REQUEST:

Please attach a letter of request (or e-mail) that addresses the following elements:

- Clearly identified statement of request and corresponding calendar regulation
- A strong rationale including the reasons for the importance of completing a sixth course (eg. why you need to complete your certificate at the same time as your BSW).
- History of success with completion of 5 courses per semester and ability to manage six courses
- Statement about your responsibility to ensure that this additional course does not negatively impact your progress in the BSW program.
- Acknowledgement of meeting/telephone conversation with student services – if applicable

Students will be notified by email as to the outcome of their request.

Student Signature: _____ **Date:** _____

Approval: _____ **Date:** _____

Non Approval: _____ **Date:** _____