



SCHOOL OF GRADUATE STUDIES
ON TIME COURSE DESIGNATION REQUEST

| | | |
|--------------------|--------------------|-----------------------|
| FAMILY NAME | GIVEN NAMES | STUDENT NUMBER |
| | | |

| | |
|---------------------|-----------------------|
| PRIMARY PLAN | PRIMARY DEGREE |
| | |

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|---|-------------|
| COURSE DESIGNATION | |
| <p>ENROLLED COURSES IN MOSAIC WILL COUNT TOWARDS YOUR ACADEMIC REQUIREMENTS FOR YOUR PRIMARY ACADEMIC PLAN.</p> <p>IF, HOWEVER, YOU WOULD LIKE A DIFFERENT DESIGNATION, AFTER ADDING THE COURSE AS NORMAL ON-LINE, YOU WILL <u>ALSO</u> NEED TO COMPLETE THIS FORM. REQUESTS WILL BE NOTED ON THE STUDENT’S RECORD AND WILL BE USED IN ASSESSING YOUR PROGRESS TOWARDS COMPLETION OF COURSE REQUIREMENTS.</p> <p><u>THESE FORMS WILL ONLY BE ACCEPTED DURING THE PUBLISHED ADD DATES FOR GRADUATE COURSE ENROLLMENT. YOU SHOULD REFER TO THE SESSIONAL DATES IN THE SCHOOL OF GRADUATE STUDIES CALENDAR FOR THE DEADLINE.</u></p> <p>REQUESTS AFTER THE ADD DEADLINES WOULD BE AT THE DISCRETION OF THE <u>ASSOCIATE DEAN</u>, AND AS SUCH WOULD NEED TO BE SUBMITTED USING A PETITION FOR SPECIAL CONSIDERATION FORM</p> | |
| COURSES (PLEASE INCLUDE COURSE NUMBER AND TITLE) | TERM |
| | |

PLEASE CHECK THE REQUIRED COURSE DESIGNATION FOR THE COURSE NAMED ABOVE, AND IF YOU WOULD LIKE THE COURSE COUNT TOWARDS ANOTHER DEGREE/DIPLOMA – PLEASE GIVE DETAILS BELOW.

| CHECK ONE BOX | | NOTES |
|---------------|--------------------------|-------|
| PHD | <input type="checkbox"/> | |
| MASTERS | <input type="checkbox"/> | |
| DIPLOMA | <input type="checkbox"/> | |
| CERTIFICATE | <input type="checkbox"/> | |
| EXTRA COURSE | <input type="checkbox"/> | |

| | |
|-------------------------|---|
| _____ | _____ |
| DATE | STUDENT’S SIGNATURE |
| | |
| _____ | _____ |
| DATE | SIGNATURE OF DEPARTMENT CHAIR OR DESIGNATE |
| FOR SGS USE ONLY | |
| | |