

Course Substitution Request (Exchange) Regulation 2(e)

Faculty of Engineering and
Applied Science



Submit to: Rm 300, Beamish-Munro Hall
Fax: 613-533-6500

Please print NEATLY. Please ensure that ALL sections of the form are completed.

Personal Information	Surname:	Given Name:	Student Number:
	Phone Number:	Program and Year:	Option:
	Queen's Email Address:	Student Signature:	Date:

Personal information collected on this form is collected under the authority of the Royal Charter of 1841, as amended. The information collected on this form may be retained in the student's file, will be used to process this request, and will be shared with Queen's personnel who need the information to perform their duties. If you have any questions about the information collected or how it will be used, please contact the Freedom of Information and Protection of Privacy Coordinator, Faculty of Engineering and Applied Science, Beamish-Munro Hall, Rm 300, or phone 613-533-2055.

Regulation 2 (e) An upper year student may request permission for substitution of a course in his/her program by a similar course, either at Queen's or elsewhere, by application to the Operations Committee prior to enrolling in the substitute course. Approval for a request for a course substitution must be recommended by the instructor of the prescribed course and the department. For courses other than Complementary Studies, the request will normally only be considered if the institution offering the course has an accredited engineering program and if the student has a cumulative average of at least 60 percent. If a request to take a substitute course at another institution is approved, the Faculty of Engineering and Applied Science will issue a Letter of Permission to allow the student to enroll in the course.

APC Request	Institution offering proposed course(s):				
	Queen's course to be substituted:	Units:	Proposed course:	Units:	Instructor Signature:

NOTE: It is the student's responsibility to ensure that the following official documentation is provided for each proposed course above prior to the submission of this request. Applications that are not accompanied by this documentation will be classified as incomplete and will not be considered.

Course Syllabus
 Total # of lecture/lab/tutorial hours
 Course Grading Scheme

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	Undergraduate Chair: Do you support this request? <input type="checkbox"/> Yes <input type="checkbox"/> No Further Comments:	
	Signature of Undergraduate Chair:	Date:

For Faculty Office Use Only	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments:
	APC Chair Signature:	Date: