



SPECIAL APPROVAL FORM

THIS IS NOT A CHANGE OF ENROLMENT FORM. If you are changing your enrolment, a Change of Enrolment form must be completed and lodged with this form. Change of Enrolment forms can be obtained from your Student Office.

The addition of unit/s after Week 1 will require a Special Approval Form to be completed and payment of a \$50 late fee.

PERSONAL DETAILS - PLEASE COMPLETE FORM IN BLACK OR BLUE BIRO

| | |
|-------------|----------------|
| Family Name | Given Names |
| Course | Student Office |

SPECIAL APPROVAL REQUESTED FOR

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I acknowledge that my Student Office must approve this request for it to be considered final.

| | |
|-------------------|------|
| Student Signature | Date |
|-------------------|------|

STUDENT OFFICE USE ONLY

1 RULE WAIVER

(see <http://www.governance.uwa.edu.au/procedures/policies/policies-and-procedures?method=document&id=UP14%2F9>)

If approval is to be granted to waive a rule, please complete the following:

| | | | |
|-----------------|------------------------------------|-----------------------------------------------------------|--------------------------------------|
| 1. Type of Rule | <input type="checkbox"/> Unit Rule | <input type="checkbox"/> Unit Set Rule (Majors/Programme) | <input type="checkbox"/> Course Rule |
|-----------------|------------------------------------|-----------------------------------------------------------|--------------------------------------|

2. Description

3. Reason for Rule Waiver

Rationale:

| | |
|---------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Special Consideration | <input type="checkbox"/> University policy (2 point rule) |
| <input type="checkbox"/> Equivalent knowledge/sufficient background | <input type="checkbox"/> High achiever <input type="checkbox"/> Other |

2 LATE ADDITION OF A UNIT

If approval is to be granted for the late addition of a unit please complete the following.

| Unit Title | Unit Code | Available Semester | Credit Points Value |
|------------|-----------|--------------------|---------------------|
| | | | |
| | | | |

3 ACADEMIC RECOMMENDATION (if applicable)

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|--------------|-------|
| Recommended: | Name: |
| | Date: |

Signature of Unit Coordinator, Head of School or other delegated authority)

Rationale:

4 DECISION

Does Faculty have delegated authority for this type of rule waiver? Yes / No

| | |
|-----------------------------------------------------------|-------|
| Outcome: APPROVED / DECLINED / SUBMITTED TO UNIVERSITY | Name: |
| | Date: |

(Signature of Student Advisor or other delegated authority)

Rationale:

| | |
|-----------------------------------------------------------|------------------------------------------------------|
| Date rule waiver submitted to University (if applicable): | Final Outcome from University APPROVED / DECLINED |
|-----------------------------------------------------------|------------------------------------------------------|