

Course Exemption Request

Regulation 2 (c)

Fillable Form. Please ensure that ALL sections of the form are completed.

Submit by email to:
QSE.APC@queensu.ca

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

<p>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, Smith Engineering, Beamish-Munro Hall, Rm 300, or phone 613-533-2055.</p>
--

<p>Regulation 2(c) An upper-year student may request an exemption in a course by application to the Operations Committee or delegate on the basis of knowledge acquired through practical experience. Approval for a request for a course exemption must be recommended by the course instructor on the basis of a satisfactory assessment of the student's proficiency in the exempted course material and by the department. A replacement course of similar level, total weight, and CEAB units must be proposed in the exemption application. If the exemption is granted, the student must take and pass the specified replacement course.</p>
--

APC Request: Submission to support exemption - required course replaced in a program by relevant work experience and/or prior studies, plus an equivalent number of Accreditation Units.	Course for which exemption is requested:	Units:	CEAB Unit Breakdown (M/BS/CS/ES/ED):
	A letter from employer confirming work experience is required (if applicable). Letter attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Description of Work Experience or prior studies relating to this exemption request (please attach additional documentation supporting your request):		
	<i>Faculty regulations state that if an exemption is granted, a replacement course of similar level, total weight, and CEAB units must be proposed to be taken. Please state the proposed course and give reasons justifying this request.</i>		
	Course:	Units:	CEAB Unit Breakdown (M/BS/CS/ES/ED):
	Reasons:		
	<p>Course Instructor: *(see below) Based on your assessment of the student's proficiency, does the student's work experience and/or prior studies justify an exemption from this course? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Further Comments:</p>		
Signature of Course Instructor:		Date	

* Please assess this application to determine if you believe that the student's work experience and/or prior studies warrants an exemption from the stated course. Please provide any relevant comments clearly stating if you support or do not support this request.

PLEASE CONTINUE TO PAGE 2

APC Request (cont'd)	Undergraduate Chair: *(see page 1) 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: