DALHOUSIE UNIVERSITY
Inspiring Minds

Registrar's Office
Room 130, 6299 South Street
Henry Hicks Academic Administration Bldg
PO Box 15000
Halifax, NS B3H 4R2

Request to Exceed the Normal Workload

You are responsible for submitting this form to the appropriate office as indicated below.

Faculty:	Submit to:
☐ Agriculture	Assistant Dean, Students, Room 117, Cumming Hall, 62 Cumming Drive (fax—893-3430)
☐ Architecture and Planning	School of Architecture, "H" Building, 5410 Spring Garden Road (fax - 423-6672)
☐ Arts and Social Sciences	Assistant Dean, Student Affairs, Suite 3030, Marion McCain Bldg for FASS, 6135 University Ave. (fax - 494-1957)
☐ Health Professions	Appropriate School, e.g. Pharmacy, Nursing etc.
☐ Management	Program Administrator, Bachelor of Management, 6100 University Avenue (fax - 494-3480)
☐ Management	Program Administrator, Bachelor of Commerce, 6100 University Avenue (fax - 494-3480)
☐ Science	Assistant Dean, Student Affairs, Room 827, Biology Wing, Life Sciences Centre (fax - 494-1123)
☐ Engineering	Associate Dean, Engineering, 5269 Morris St. (fax - 429-3011)
☑ Computer Science	Faculty of Computer Science, 6050 University Ave. (fax - 492-1517)

Name	Mansi Patel	**Student #**	B	0	0	8	7	1	0	9	4

Address 40 Hadley Crescent

Halifax, Nova Scotia B3N 0E4

Email Mansi.Patel@dal.ca

Phone 9025800987

Degree program: Bachelor of Computer Science

1. How many classes did you complete last year? If less than five (5), please explain:

    4 as that was my first semester and I was attending online from India I didn't wanted to take full load

2. Please list the classes for which you are currently enrolled:

Fall	Winter	Summer
CSCI 1110	CSCI 1315	Work term
CSCI 1109	CSCI 2110	
MATH 1000	CSCI 2134	
ASSC 1800	CSCI 2100	
CSCI 2141		

3. Please list the additional classes(es) you are requesting:

Fall	Winter	Summer
		Math 1030

4. Please outline your reasons for wanting to take the additional classes:

I started my 1st semester in winter instead of fall so I want to take courses in summer to complete the degree sooner.

Office Use Only

☐   Approved   ☐   NOT Approved   Effective date: _____

Comments:

Authorized signature: _____   Date: _____   Faculty/School: _____