

# APPLICATION FOR SPECIAL APPROVAL

## Undergraduate/Postgraduate

### 1. PERSONAL DETAILS

Student ID <div style="display: flex; justify-content: space-between; width: 100%;"><div style="width: 20px; height: 20px; background-color: yellow;"></div><div style="width: 20px; height: 20px; background-color: yellow;"></div><div style="width: 20px; height: 20px; background-color: yellow;"></div><div style="width: 20px; height: 20px; background-color: yellow;"></div><div style="width: 20px; height: 20px; background-color: yellow;"></div><div style="width: 20px; height: 20px; background-color: yellow;"></div><div style="width: 20px; height: 20px; background-color: yellow;"></div><div style="width: 20px; height: 20px; background-color: yellow;"></div></div>		Student's Signature	
Title	Family Name	Other Names	
Course			
Faculty of Registration		Student Contact Details Telephone: (Day)	

### 2. PLEASE TICK THE APPROPRIATE BOX BELOW

<b>UNDERGRADUATE</b>	<b>POSTGRADUATE</b>
<input type="checkbox"/> Waiver Approval ( <i>Go to 3 below</i> )	<input type="checkbox"/> Waiver Approval ( <i>Go to 3 below</i> )
<input type="checkbox"/> Third time permission to enrol in a unit ( <i>Go to 4 below</i> )	<input type="checkbox"/> Executive Dean of Faculty Approval ( <i>Go to 5 below</i> )
<input type="checkbox"/> Executive Dean of Faculty Approval ( <i>Go to 5 below</i> )	

### 3. WAIVER APPROVAL

Unit Code in which you wish to enrol	Offering (Internal/External)	Study Period: (1 <sup>st</sup> half, 2 <sup>nd</sup> half, full-year, vacation)	Unit Code of Prerequisite  <i>(→ go to 6 below)</i>
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### 4. THIRD TIME PERMISSION (Required for units offered by ALL faculties)

Unit Code in which you wish to enrol	Offering (Internal/External)	Study Period: (1 <sup>st</sup> half, 2 <sup>nd</sup> half, full-year, vacation)	Unit Code of Prerequisite  <i>(→ go to 6 below)</i>
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### 5. EXECUTIVE DEAN OF FACULTY APPROVAL

Unit Code in which you wish to enrol	Are you seeking Executive Dean of Faculty Approval (EDFA) where EDFA is a prerequisite for the unit?	YES <input type="checkbox"/> <i>(→ go to 6 below)</i>
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### 6. USE THE SPACE BELOW TO OUTLINE A CASE TO SUPPORT YOUR REQUEST

*(→ go to 7 below)*

### 7. FACULTY AUTHORISATION

- Submit the completed form to the Faculty office offering the unit for approval
- Follow up with the Faculty for the result of your application

**Approved/ Not Approved** (please circle)

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Executive Dean of Faculty or Nominee Please Print