**READING COURSE** 

**APPLICATION FORM**

OFFICE OF THE REGISTRAR

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| **READING COURSES** are credit-courses delivered by an Algoma University instructor to an individual Algoma University student on the approval of the Academic Dean and University Registrar. They are Algoma University courses and are identical to those described in the AU Academic Calendar in terms of course code, title, content and credit weight.**STUDENT ELIGIBILITY CRITERIA:**Students must be in good academic standing with an overall average of at least 75% to qualify.Examples of reasonable grounds for an application include: cancellation of (or failure to schedule) a course required for graduation; extenuating circumstances beyond the student’s control (eg: illness). Note: Normally requests will not be approved if acceptable alternative courses are scheduled.**APPLICATION PROCEDURES:** 1. Complete this application form and consult with the chair of the department regarding a suitable instructor;
2. The agreed-upon instructor will provide a course outline to accompany this form;
3. Submit the completed reading course application form & course outline to the Registrar for academic screening and Accounting Department with $40 processing fee.
4. No application forms will be processed by the OFFICE OF THE REGISTRAR fewer than 7 days before the final day to register (for each academic term).
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| **APPLICATION INFORMATION:**  | **DETAILS of COURSE REQUEST:** |
| Name:   | Course Code:  |
| Student:   | Title:   |
| Phone #:   | Term of Study:  F  W  SP |
| Email:   |  |
| Degree Program:   | Instructor: Initial:    |
| Year in Program (circle): 1st 2nd 3rd 4th  | Enrolment Status:  Full-time  Part-time |
| **DEPARTMENT SECRETARY’S AUTHORIZATION**I have attached a course outline provided by the instructor who has agreed to offer this course (note: this form will not be processed otherwise). Signature of Department Chair: Date:   |
| **REGISTRAR’S ACTION:** Ineligible re: academic standing details: Rationale sufficient Request unjustified because:  | Registrar’s Initials:  |
| **DEANS’S ACTION:** Divisional Chair consulted Request approved and recorded in Dean’s Office Request denied-reasons: | Academic Dean’s Signature: |
| **OFFICE USE ONLY**FINANCE: AMOUNT PAID: DATE PAID: RECEIPT TO: INITIALS:  |