REQUEST FOR INCREASED ACADEMIC LOAD

GENERAL INFORMATION

- A request for increased academic load must be made to the School of Nursing before the last day for enrollment changes each term. These deadlines can be found in the McMaster University Undergraduate Calendar under ‘Sessional Dates’.

- As per the General Academic Regulations outlined in the McMaster University Undergraduate Calendar, students who wish to take more than the normal number of units prescribed for a Level (18 units) may do so only with the permission of the School of Nursing. Only students who have a GPA of at least 7.0 in the immediately preceding reviewing period will be considered for an increased academic load.

- When adding, dropping, and withdrawing from courses, the student is responsible for any effects to their course sequencing, full-time/part-time status, fees, and eligibility for graduation, scholarships, and financial aid.

- Additional academic fees will be assessed for students with an increased academic load. For further information please visit http://www.mcmaster.ca/bms/student/.

- Decisions regarding Requests for Increased Academic Load are final. In accordance with the Student Appeal Procedures, decisions made on Requests for Increased Academic Load cannot be appealed to the Senate Board for Student Appeals. If a student feels his/her human rights have been violated, they may contact Human Rights & Equity Services in Room 212 of the McMaster University Student Centre, to initiate a complaint.

GUIDELINES FOR COMPLETING THIS FORM

- This form must be fully completed by the student and submitted to the appropriate site:
  o Mohawk & McMaster site students – BScN Program Office via email (bscnadvising@mcmaster.ca) or fax (905-570-0667)
  o Conestoga site students – Conestoga Academic Advising Office via email (aharrison@conestogac.on.ca) or fax (519-748-3562)

- Please submit a new form for each term for which you are requesting an increased academic load.

- The School of Nursing will review the request and notify the student via email once a decision has been reached.
REQUEST FOR INCREASED ACADEMIC LOAD

This form must be fully completed by the student and submitted to the School of Nursing before the last day for enrolment changes. Please read and follow the guidelines on page 1 of this form.

STUDENT INFORMATION

Student Name: _______________________________ McMaster ID #: _______________________________

McMaster Email Address: ___________________________ @mcmaster.ca Telephone Number: _______________________________

Site: □ McMaster □ Mohawk □ Conestoga Level: □ 1 □ 2 □ 3 □ 4

Program Stream: □ Basic (A) □ Post RPN (E) □ Accelerated (F)

INCREASED ACADEMIC LOAD INFORMATION

Desired Term for Increased Academic Load: □ Fall 20_____ □ Winter 20_____ □ Spring/Summer 20_____

Number of Units Requested for Above Term: _____________

Course Plan for Term with Increased Academic Load - list all course codes (e.g. HTHSCI 1LL3) in which you wish to enroll:

1. __________________________________________ 4. __________________________________________ 7. __________________________________________

2. __________________________________________ 5. __________________________________________ 8. __________________________________________

3. __________________________________________ 6. __________________________________________ 9. __________________________________________

REASON FOR REQUESTING INCREASED ACADEMIC LOAD

Please outline the reason(s) you are requesting an increased academic load. You may attach additional pages or supporting documentation if necessary/applicable.

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□ I have read and understand the McMaster BScN Program Increased Academic Load policies and confirm that my GPA meets the minimum requirements for consideration.

□ I have clearly explained the circumstances of my request.

Student signature: __________________________________________ Date: ____________________________

FOR OFFICE USE ONLY

□ APPROVED □ DENIED by: __________________________ Date: ____________________________

□ EMAIL SENT TO STUDENT by: __________________________ Date: ____________________________