

Academic Request Form for Course Registration

School of Art, Design and Media (ADM)
Nanyang Technological University

Reference No. (Input by ADM UG Office)

This form must be filled by ADM students who wish to seek approval for:

- I. **Academic Overload***
- II. **Take Ahead**
- III. **Waiver of Pre-requisite**
- IV. **Waiver of Clash of Timetable or Exam**

*For overload on **Major PE** course(s), the registration will be through ADM Undergraduate Office and will be registered as UE. Students will not be accorded priority and will register for the course(s) only after those who need to take them to fulfill Major PE requirements have registered for the courses.

*For overload on **UE** course(s), students are required to register for the subject(s) themselves after the approval has been granted. There is no guarantee of securing a place for the subjects approved. It depends on the time-table constraints, vacancies in the classes and pre-requisite requirements.

1. All requests are subject to Associate Chair (Academic)'s approval.
2. Students **MUST ATTACH** the following documents to this form.
 - i. **Degree Audit** (printed from Studentlink)
 - ii. **Email recommendation by relevant course instructor(s)** **Only for Waiver of Pre-requisite or Timetable/Exam Clash*
3. All replies and further correspondences will be sent to your **NTU EMAIL ACCOUNT** only.

Part A: STUDENT INFORMATION (To be completed by student)

Full Name:		Matric No.:
Year of Study (for registration)	Specialisation (Tick one) <input type="checkbox"/> DESIGN ART <input type="checkbox"/> MEDIA ART	Contact No.:

Type of Request (Tick against the box)

I. **Academic Overload**

II. **Take Ahead** (Insufficient AUs to promote to next Study Year)

III. **Waiver of Pre-requisite** (*Need the relevant course instructor's email approval)

IV. **Waiver of Clash of Timetable or Exam** (*Delete as appropriate)

V. **Others** (please specify):

I would like to request for an e-stamp in the course(s) indicated below for Semester () in Academic Year () and consent to the collection and use of my personal data above for the sole purpose of processing this application and notification of outcome.

Choice	Course Code	Course Title (Index NO.)	AUs	Reason for Request (For timetable/exam clash, please indicate the clashed course code. You may attach a separate sheet if space is insufficient.)
1				
2				
3				

Signature Date

Part B: To be completed by Assistant Director, Undergraduate Programmes

Recommended

Not Recommended

Comments:

Signature

Date

Part C: To be completed by Associate Chair, Academic

Approved

Not Approved

Comments:

Signature

Date

Part D: To be completed by ADM Undergraduate Office

Type of E-stamp(s) to be granted for student's application:

[MAX AUS]

[UE AUS]

[PRE-REQ]

[TAKE AHEAD]

[TIME CLASH]

[OTHERS: PLS SPECIFY: _____]

Granted By:

Date: