**SPECIAL APPROVAL FORM**

**PERSONAL DETAILS - PLEASE COMPLETE FORM IN BLACK OR BLUE BIRO**

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course</td>
<td>Faculty</td>
</tr>
</tbody>
</table>

**SPECIAL APPROVAL REQUESTED FOR**

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**SCHOOL/FACULTY OFFICE USE ONLY**

**1 RULE WAiver**


If approval is to be granted to waive a rule, please complete the following:

1. **Type of Rule**
   - [ ] Unit Rule
   - [ ] Unit Set Rule (Majors/Programme)
   - [ ] Course Rule

2. **Description**

3. **Reason for Rule Waiver**
   - [ ] Special Consideration
   - [ ] University policy (2 point rule)
   - [ ] Equivalent knowledge/sufficient background
   - [ ] High achiever
   - [ ] Other

**2 SPECIAL UNIT**

If indicating a “Special Unit” please complete the following details:

<table>
<thead>
<tr>
<th>Special Unit Title</th>
<th>Credit Points Value</th>
<th>Available Semester</th>
<th>Special Unit Code (if a special unit code does not currently exist, please email your request to create a special unit code to <a href="mailto:unitchanges@admin.uwa.edu.au">unitchanges@admin.uwa.edu.au</a> before submitting this form)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the “Special Unit” is a substitute for or a component of another existing unit please complete the following:

<table>
<thead>
<tr>
<th>Existing Unit Code</th>
<th>Existing Unit Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Details of Special Unit:

**3 LATE ADDITION OF A UNIT**

If approval is to be granted for the late addition of a unit please complete the following.

<table>
<thead>
<tr>
<th>Unit Title</th>
<th>Unit Code</th>
<th>Available Semester</th>
<th>Credit Points Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4 DECISION**

Recommended: Name:

Date:

(Signature of Head of School or a person authorised by the Head of School)

Approved: Name:

Date:

(Signature of Dean/Associate Dean/Sub-Dean/Faculty Academic Advisor)

Callista Authorisation No.:

Rationale: