



"PERMISSION TO ENROL FOR A FIFTH STUDY UNIT"

To: Officer in Cha	rge			
Curtin University				
Student Name	:			
Chu dout ID				
Student ID	•		_	
Programme of Stud	dy:		_	
I, the undersigned, during semester		quest for a specia	l permission to enro	ol for a fifth study unit
UNIT COD	E	STUDY U	NIT TITLE	
REASONS				
Student Signature: _			Date:	//
Approved by:			Date:	//
	For Curtin Uni	versity		