

Section A: To Be Completed by Student									
Name:					Student Number:				
Address:					Phone Number:				
Honours Field(s):					Email:				
Term:					Term:				
Course Number	CRN	Section	Prereq	Hrs	Course Number	CRN	Section	Prereq	Hrs
Total Hours					Total Hours				

Student Signature: _____
(Please Print/Type)
Date: _____

Section B: Entry Requirement Check: To Be Completed by an Arts Advisor									
Catalog Term:		Honours Field GPA: <small>(Including Fs and RPTs)</small>		DGPA: <small>(Including Fs and RPTs)</small>		Subject Fields:		ICR:	
Humanities:	Social Sciences:	Science Req:	W:	M:	2 nd Deg : Yes ___ / No ___				
Student Aware of:									
Dept. Reqs.		Course Reqs.		GPA Reqs.		Assess. Rules		TR Credit	

Faculty of Arts: Comments/Overrides:			Department: Comments/Overrides/Waivers:		
			<input type="checkbox"/> Approved, No Changes:		
			<input type="checkbox"/> Approved, with the Following Changes:		
Admitted to Honours:	Initial:	Date:			
Program Check:	Initial:	Date:			
Courses Approved:	Initial:	Date:	Department Signature (s):		
Overrides Entered:	Initial:	Date:	Date:		

 Copy Given to Student to Register for Above Courses in Aurora

Students must ensure that all repeat, special permission and prerequisite overrides are obtained from the department and submitted to the Faculty of Arts General Office prior to registration.

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