

Section A: To Be Completed by Student						
Name:	Student Number:					
Address:	Phone Number:					
Honours Field (s):	Email:					
Minor (Optional):	Program Year:	Grad Date:				

## STUDENTS MAY ONLY REGISTER FOR COURSE(S) APPROVED ON THEIR HONOURS FORM

Subsequent changes to Honours and/or ancillary course(s) must also be approved by the department and faculty advisors. Courses not approved will be deemed not acceptable towards your Honours program.

Term:				Term:					
Course Number	CRN	Section	Prereq	Hrs	Course Number	CRN	Section	Prereq	Hrs
Г	otal Hours			1	T	otal Hours		1	·

## Student Signature:\_ (Please type in)

Date:

Faculty of Arts: Comments/Overrides:			Department: Comments/Overrides/Waivers:		
			□ Approved, No Changes:		
			□ Approved, with the Following Changes:		
Dreamer Checky	Initial:	Date:			
Program Check:	Initial:	Date:	Department Signature (c)		
Courses Approved:			Department Signature (s):		
<b>Overrides Entered:</b>	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.

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University: Your personal information is being collected under the authority of *The* University of Manitoba Act. The information you provide will be used by the University for the purpose of continuing in the Honours program, maintaining a record of courses and for communication.. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.