## THE UNIVERSITY OF MANITOBA

## ASPER SCHOOL OF BUSINESS

## **DEPARTMENTAL PERMISSION FORM**

Section A: This section is to be completed by the STUDENT and emailed to the DEPARTMENT HEAD for approval. After Section B has been completed by the Department Head, the student must email the signed form to the Academic Advising Office in the student's home faculty NO LATER THAN 4:00 P.M. ON THE FINAL DATE FOR REGISTRATION REVISIONS for the term indicated. Consult the appropriate Academic Schedule for specific dates.

Name:	
(Last Name)	(Given Name)
Student Number:	Faculty:
Fall 20  Summer 20  Course Code: (example: ACC 1100)	Winter 20 ection: (One course per form please.)
	ted by the DEPARTMENT HEAD no later than the final date the term indicated. Consult the appropriate Academic
The Department/Program ofregistration for the above noted student in the	authorizes above noted course as follows:
Notwithstanding the lack of appropriate prerequisite	Notwithstanding the lack of appropriate co-requisite
Year in Program ("CLASS" override)	Written consent required
Signed:(Department Head)	Date:
OFFICE of the student's hor	is section is to be completed by the ACADEMIC ADVISING me Faculty/School. For Asper students, this section is to be dergraduate Program Office; please email the signed form a
Advisor	Date Comments:
Space Assigned by	Date