

# REGISTRATION PERMISSION (B.Ed. Courses)

**(Office Use) Date & Time Received:**

Phone: (204) 474-9004

Fax: (204) 474-7551

1. Student completes section **A** below.
2. Student completes section **B** (Back of the form) and then sends it to the instructor to complete section **C**.
3. Instructor completes section **C**. If the instructor is a sessional, Dept. Head approval must also be obtained.
4. Completed form with signatures can be sent to [Bachelor.Education@umanitoba.ca](mailto:Bachelor.Education@umanitoba.ca)

**NOTE: This is not a registration form. The student must register via AURORA for the course indicated after an Academic Advisor has processed the applicable overrides.**

|          |  |         |  |                 |                                       |                         |
|----------|--|---------|--|-----------------|---------------------------------------|-------------------------|
| <b>A</b> | <b>Student Completes</b>   |         |  |                 |                                       |                         |
|          | <input type="checkbox"/> B.Ed. <input type="checkbox"/> Other  |         |  |                 |                                       |                         |
|          | Name:  |         |  | Signature:      |                                       |                         |
|          | Student Number:  |         |  | Phone No:       |                                       |                         |
|          | Student's Faculty:   |         |  | UM              |                                       |                         |
|          |  |         |  | E-mail:         |                                       |                         |
|          | Year: 20_ <input type="checkbox"/> Fall Term <input type="checkbox"/> Winter Term <input type="checkbox"/> Summer Term |         |  |                 |                                       |                         |
|          | COURSE NUMBER<br>(e.g. EDUB 3402)  | SECTION | CRN  | CREDIT<br>HOURS | LAST DAY TO<br>REGISTER FOR<br>COURSE | FIRST DAY OF<br>CLASSES |
|          |  |         |  |                 |                                       |                         |
|          | Specify why you are requesting special permission.<br>Provide further details on reverse if necessary.                 |         | The lack of appropriate prerequisite or co requisite<br>Full capacity/space override (not permitted if there is an AURORA "waitlist")<br>Other (use reverse to provide details)<br><br>NOTE: Late registration and course conflicts are not permitted. See <a href="#">B.Ed. Attendance Policy</a> |                 |                                       |                         |

|  |   |                                     |                              |  |              |
|--|---|-------------------------------------|------------------------------|--|--------------|
| <b>INSTRUCTOR:</b>   |   |                                     |                              |  |              |
| 1. Complete Section C below<br>2. Return to student  |   |                                     |                              |  |              |
| <b>C</b>   | <b>Instructor Completes</b>   |                                     |                              |  |              |
|  | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><b>Instructor's Name (print):</b></td> <td style="width: 50%;"><b>Instructor Signature:</b></td> </tr> <tr> <td></td> <td><b>Date:</b></td> </tr> </table> | <b>Instructor's Name (print):</b>   | <b>Instructor Signature:</b> |  | <b>Date:</b> |
|  | <b>Instructor's Name (print):</b>   | <b>Instructor Signature:</b>        |                              |  |              |
|  |   | <b>Date:</b>                        |                              |  |              |
| <i>Note: Sessional instructor: Please forward form to Dept. Head for final approval.</i>   |   |                                     |                              |  |              |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><b>Department Head's Name (print):</b></td> <td style="width: 50%;"><b>Department Head's Signature:</b></td> </tr> </table> | <b>Department Head's Name (print):</b>  | <b>Department Head's Signature:</b> |                              |  |              |
| <b>Department Head's Name (print):</b>   | <b>Department Head's Signature:</b>   |                                     |                              |  |              |

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|  |              |
|--|--------------|
| <b>B.Ed. Academic Advisor:</b>   | <b>Date:</b> |
| Comments: <span style="float: right;"><input type="checkbox"/> Student Informed</span> |              |

If needed, provide details on the reverse side

(Revised April/2023)

This personal information is being collected under the authority of *The University of Manitoba Act*. It will be used for the purpose of assessing the student's eligibility to enroll in certain classes and to facilitate the process of registration for certain courses. 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, Manitoba, R3T 2N2.

## NOTES:

- Students who are seeking permission to register for an extra SY Curriculum and Instruction course must hold at least 18 credit hours of coursework in that subject area (e.g. 18 credit hours of university level “CHEM” courses in their background in order to take the C&I Chemistry course).
- Students who do not hold 18 CH in the subject area (and EY or MY students who also do not have the pre-req - e.g. Cluster course) must provide a rationale to demonstrate their equivalency of the 18 credit hours or/and the pre-requisite.

### **B. Please describe in detail your reasoning for requesting permission, i.e. academic background, equivalent pre-requisites, course needed for graduation:**

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