THE UNIVERSITY OF MANITOBA
FACULTY OF AGRICULTURAL AND FOOD SCIENCES
PERMISSION FORM

Section A: This section to be completed by THE STUDENT and presented to the INSTRUCTOR or DEPARTMENT HEAD for approval. Once Section B has been completed by Instructor or Department Head, this form must be presented to YOUR Faculty NO LATER THAN 4:30 P.M. ON THE FINAL DATE FOR REGISTRATION AND CHANGES IN THE RESPECTIVE TERMS. Consult the appropriate Academic Schedule for specific dates.

NOTE: This is not a registration form. The student must register by ON LINE for the course indicated, except when the permission is for “not withstanding the lack of space”.

Name:______________________________________________  Email Address: __________________________________________
Student Number: ______________  Faculty: _____________________________________________ Telephone: ________________

Fall Term 20_______  Winter 20_______  Summer 20_______
CRN #: _____________  Course #: _____________________  Lecture Section: __________ (One course per form)
CRN #: _____________  Course #: _____________________  Lab Section: _____________ (If applicable)

Section B: This section to be completed by INSTRUCTOR or DEPARTMENT HEAD offering the course no later than the final date for registration and changes in the respective Terms. Consult the appropriate Academic Schedule for specific dates.

The Department/Program of ____________________________________________ authorizes registration for the above noted student in the above noted course as follows:

PLEASE CHECK AS MANY AS APPLY

___ Full Cap/Space override  ___ Program Restriction  ___ College Restriction
___ Prerequisite waiver  ___ Year/Class Restriction  ___ Permission to Audit
___ Pre/Co requisite waiver  ___ Special Approval (Instructor/Dept Approval/Lab Exemption)
___ Section Change:  To CRN#: ______________ From CRN#: ______________ (ie: A02 CRN#13579)

Name: ______________________________________________________ Date: _____________________________________
(Instructor/Department Head)
Signed: _____________________________________________________
(Instructor/Department Head)

Section C: This section to be completed by the Dean/Director’s Representative of the Faculty/School in which the student is registered.

Comments: __________________________________________________________________________________________________
Signed: _____________________________________________________ Date: ______________________________________

Statement of Purpose: this personal information is being collected under the authority of the University of Manitoba Act and will be used to obtain departmental permission for a student to register in a particular course of section. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the FIPPA Coordinator’s Office (204) 474-9462, Access and Privacy Office, 233 Elizabeth Dafoe Library, University of Manitoba, R3T 2N2.