REGISTRATION FORM: IIP STUDENTS IN PSYCHOLOGY

(Regular Session 20___ – 20___ / Summer Session 20___ – 20___)

Name (print): _____ Student Number: _____

Email: _____ Area: _____

Street Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Full-Time: _____ Part-Time: _____

***Note**: Students may not retain the status of full-time while employed full-time without prior permission of the Dean of the Faculty of Graduate Studies and recommendation from the major department. Psychology students who have handed their PhD thesis into the Faculty of Graduate Studies for distribution to committee members must register as part-time. Students registering for part-time must complete a **Request for Part-time Status** form available at http://umanitoba.ca/faculties/graduate_studies/forms/index.html*

REGISTRATION INFORMATION

Course No.	Aurora Registration CRN #	Course Title	Lecture Section	Term F / W / S	Credit Hours	Course Class.

SIGNATURES:

Student: _____ Date: _____

Home Department Advisor: _____ Date: _____

Associate Head (Graduate) or designate: _____ Date: _____