REGISTRATION PERMISSION (PBDE/GRAD)

Date & Time Received: 

1. Student completes section A below and presents it to the Course Instructor for i), ii), iii), iv) or v).
2. Instructor completes section B (Student must also obtain Dept. Head Approval when the request is for prerequisite/co-requisite waivers and/or full capacity/space overrides and where the instructor is a “sessional instructor”).
3. Student returns form to Room 203 Education Building.

NOTE: This is not a registration form. The student must register via Aurora Student except when the permission is for late registration.
3. Student returns form to an Academic Advisor, Student Services Office, Room 203 Education Building

A  
Student Completes

<table>
<thead>
<tr>
<th></th>
<th>PBDE</th>
<th>Graduate Student</th>
<th>Extended Education*</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Signature:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Number:</td>
<td>Phone No:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student’s Faculty:</td>
<td>UM e-mail:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Year: 201  
Fall Term  
Winter Term  
Summer Term

<table>
<thead>
<tr>
<th>COURSE NUMBER</th>
<th>SECTION</th>
<th>CRN</th>
<th>CR.HOURS</th>
<th>LAST DAY TO REGISTER FOR COURSE</th>
<th>FIRST DAY OF CLASSES</th>
</tr>
</thead>
</table>

Specify why you are requesting special permission. Provide further details on reverse if necessary.  

i) □ The lack of appropriate prerequisite or co requisite  
ii) □ Late registration (Must contact a Student Advisor in 203 Education Bldg.)  
iii) □ Full capacity/space override (Not permitted if there is an AURORA “waitlist”)  
iv) □ Timetable conflict (if approved, indicate on reverse how missed time will be made up)  
v) □ Other (use reverse to provide details)

INSTRUCTOR:

1. Complete Section B below  
2. Return to student

B  
Instructor Completes

<table>
<thead>
<tr>
<th>Instructor’s name (print):</th>
<th>Instructor Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

*Student must also obtain Dept. Head Approval when the request is for prerequisite/co-requisite waivers and/or full capacity/space overrides and where the instructor is a “sessional instructor”.

<table>
<thead>
<tr>
<th>Department Head’s name (print):</th>
<th>Department Head’s Signature:</th>
</tr>
</thead>
</table>

Academic Advisor:  
Date:

□ Student Informed  
Comments:

Use reverse if further space is needed

x:\p.b.d.e\forms\registration permission form pbde 2017.docx. (Revised July 2017)

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.

*Extended Education (General Studies) students without a U. of Man. degree needing permission for Education 5000 level courses, must present, along with this permission slip, an official transcript showing award of recognized degree or copy of transcript from Admissions or Registrar’s Office verifying degree completion.