

**Department of Biochemistry & Medical Genetics
Graduate Student Registration Approval Form**

Session: 20 ____ - 20 ____ Regular or Summer

Surname: First Name:

Student No.

E-Mail Address:

Program: Pre-Master's M.Sc. Ph. D. Occ Visiting

Student Status: Full Time Part Time

¹Courses Approved:

Course & CRN #	Name of Course	Section	Term
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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¹Students may only register for those courses approved by the Graduate Chair. The Department of Biochemistry & Medical Genetics reserves the right to withdraw students from any courses that have not received prior approval. Only those courses that have been approved will be credited to your program.

SIGNATURE (STUDENT'S SUPERVISOR)

DATE

SIGNATURE (GRADUATE CHAIR/DESIGNATE)

DATE

STUDENT SIGNATURE

DATE

For Office Use Only:

Block Removed: Date: _____ By: _____

Registration Confirmed: Date: _____ By: _____

This personal information is being collected under the authority of *The University of Manitoba Act* and will be used as a record of approved courses the student may be registered in. It is protected by the *Protection of Privacy provisions of Manitoba's Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, contact the FIPPA Coordinator at (204) 474-8339, c/o the University of Manitoba Archives & Special Collections, 331 Dafoe Library, Winnipeg, MB, R3T 2N2.