

**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

**<sup>1</sup>Courses Approved:**

Course & CRN #	Name of Course	Section	Term
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<sup>1</sup>Students 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.