ARTS 1110W Introduction to University
Permission Form
Coordinator: Dr. Michael O’Brien-Moran Room 205 Tier

Section A This section is to be completed by the student and presented to the Instructor and/or the Coordinator of Introduction to University for approval. Once Section B has been completed this form must be presented to the University 1 First Year Centre or your Dean’s or Director’s Office no later than 4:30 P.M. on the final date for registration changes in the respective sessions. Consult the Academic Schedule inside the front cover of the Registration Guide for registration deadlines.

Session: Fall 20___ Winter 20___ Summer 20___

Name: ___________________________________________ Last Name

Student Number: __________________________ Telephone Number: __________________________

E-mail Address: __________________________________________________________________________

I am a student in (Check one):
☐ University 1 ☐ Faculty / School __________________ GPA ______ # of Credit hrs. ________

Reason(s) for Request (Check as many as apply):
☐ Have Over 60 Credit Hours

☐ Not Eligible for Section:
ARTS 1110 Lecture Section Requested (e.g. A01) _______ CRN _______
ARTS 1110 Lab Section Requested (e.g. B01) _______ CRN _______

☐ Change of Sections after the Revision Deadline:
From Section _______ CRN _______ To Section _______ CRN _______

Section B This section is to be completed by Instructor and/or the Coordinator of Introduction to University, no later than the final date for registration changes in the respective Sessions. Consult the Academic Schedule inside the front cover of the Registration Guide for registration deadlines.

Student is permitted to register in ARTS 1110 (Check as many as apply):
☐ Special Approval Override ☐ Late Section Change ☐ Class and Attribute Restriction

Signed: __________________________________________ Date: ____________________

Coordinator

Section C This section is to be completed by Dean’s/Director’s Representative in the University 1 First Year Centre, General Studies Office, or Faculty/School General Office of registration.

☐ University 1 does not object. Requires approval from student’s faculty (override(s) to be put on by student’s faculty)

Comments: __________________________________________

Signed: __________________________________________ Date: ____________________

Dean’s/Director’s Representative

This personal information is being collected under the authority of The University of Manitoba Act. It will be included as part of your student record in University 1. Additional relevant information may be sought from other units of the university. This information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about this collection of information contact the FIPPA/PHIA Coordinator’s Office (204-474-8339), University of Manitoba Archives & Special Collections, 331 Elizabeth Dafoe Library, Winnipeg, MB, R3T 2N2.