

THE UNIVERSITY OF MANITOBA
FACULTY OF ARTS

134 Fletcher Argue

APPLICATION FOR PERMISSION TO ENTER THE FOUR YEAR-ADVANCED PROGRAM

NAME _____ STUDENT NO _____

ADDRESS _____ TELEPHONE NO _____

TERM: FALL TERM 20____ SUMMER TERM 20____

SINGLE ADVANCED MAJOR: _____ MINOR: _____
OR

DOUBLE ADVANCED MAJOR:

MAJOR 1: _____ MAJOR 2: _____

I hereby request permission to enter the Four-Year Advanced Program for the session indicated above as I have satisfied the following admission criteria:

- eligible to declare the above major and minor in the Single Advanced Major program or two majors in the Double Advanced Major program
- completed 6 credit hours in each of four (4) different subject areas

DATE _____ SIGNATURE _____

FACULTY OF ARTS (Section)

APPROVED: Yes ____ No ____

DATE: _____ DEAN'S REPRESENTATIVE: _____

COMMENTS, if any: _____

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