THE UNIVERSITY OF MANITOBA

ASPER SCHOOL OF BUSINESS

DEPARTMENTAL PERMISSION FORM

Section A: This section is to be completed by the *STUDENT* and emailed to the *DEPARTMENT HEAD* for approval. After Section B has been completed by the Department Head, the student must email the signed form to the Academic Advising Office in the student's home faculty NO LATER THAN 4:00 P.M. ON THE FINAL DATE FOR REGISTRATION REVISIONS for the term indicated. Consult the appropriate Academic Schedule for specific dates.

Name: _____
(Last Name) (Given Name)

Student Number: _____ Faculty: _____

☐ Fall 20 ____ ☐ Winter 20 _____

☐ Summer 20____

Course Code: _____ Section: _____ (One course per form please.)
(example: ACC 1100)

Section B: This section is to be completed by the *DEPARTMENT HEAD no later than the final date for registration revisions for the term indicated.* Consult the appropriate Academic Schedule for specific dates.

The Department/Program of _____ authorizes registration for the above noted student in the above noted course as follows:

☐ Notwithstanding the lack of appropriate prerequisite

☐ Notwithstanding the lack of appropriate co-requisite

☐ Year in Program ("CLASS" override)

☐ Written consent required

Signed: _____ Date: _____
(Department Head)

Section C: For non-Asper students, this section is to be completed by the *ACADEMIC ADVISING OFFICE* of the student's home Faculty/School. For Asper students, this section is to be completed by the Asper Undergraduate Program Office; please email the signed form to: B_Comm@umanitoba.ca

Advisor _____ Date _____ Comments: _____

Space Assigned by _____ Date _____ _____