

REGISTRATION PERMISSION (B.Ed. Courses)
(Office Use) Date & Time Received:

1. Student: completes section A.
2. Instructor: completes section B
3. Student returns form to an Academic Advisor, Student Services Office, Room 203 Education Building
4. Completed form with signatures can be sent at Bachelor.Education@umanitoba.ca

NOTE: This is not a registration form. The student must register via AURORA for the course indicated after an Academic Advisor has processed the applicable overrides.

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|----------|--|---------|--|---------------------|---------------------------------------|-------------------------|
| A | Student Completes | | | | | |
| | <input type="checkbox"/> B.Ed. <input type="checkbox"/> Other _____ | | | | | |
| | Name: _____ | | | Signature: _____ | | |
| | Student Number: _____ | | | Phone No: _____ | | |
| | Student's Faculty: _____ | | | UM e-mail: _____ | | |
| | Year: 20_ <input type="checkbox"/> Fall Term <input type="checkbox"/> Winter Term <input type="checkbox"/> Summer Term | | | | | |
| | COURSE NUMBER (e.g. EDUB 3402) | SECTION | CRN | CR.HOURS | LAST DAY TO REGISTER FOR COURSE | FIRST DAY OF CLASSES |
| | | | | | | |
| | | | | | | |
| | Specify why you are requesting special permission. Provide further details on reverse if necessary. | | <input type="checkbox"/> The lack of appropriate prerequisite or co requisite <input type="checkbox"/> Full capacity/space override (not permitted if there is an AURORA "waitlist") <input type="checkbox"/> Other (use reverse to provide details) | | | |
| | NOTE: Late registration and course conflicts are not permitted. See B.Ed. Attendance Policy http://umanitoba.ca/education/sites/education/files/2020-08/bed-fall-2020-revised-undergrad-attendance-policy-b.ed_procedures.pdf | | | | | |

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|-----------------------------|
| INSTRUCTOR: |
| 1. Complete Section B below |
| 2. Return to student |

| | | |
|----------|--|------------------------------------|
| B | Instructor Completes | |
| | Instructor's name (print): _____ | Instructor Signature: _____ |
| | | Date: _____ |
| | <i>Note: Student must also obtain Department Head Approval where the Instructor is a "Sessional Instructor".</i> | |
| | Department Head's name (print): _____ | Department Head's Signature: _____ |



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|--------------------------------|---|
| B.Ed. Academic Advisor: | Date: _____ |
| Comments: _____ | <input type="checkbox"/> Student Informed |

If needed, provide details on the reverse side

(Revised Nov/2020)

NOTES:

- Students who are seeking permission to register for an extra SY Curriculum and Instruction course must hold at least 18 credit hours of coursework in that subject area (e.g. 18 credit hours of university level “CHEM” courses in their background in order to take the C&I Chemistry course).
- Students who do not hold 18 CH in the subject area (and EY or MY students who also do not have the pre-req - e.g. Cluster course) must provide a rationale to demonstrate their equivalency of the 18 credit hours or/and the pre-requisite.

Details (if any) can be provided here:
