

REGISTRATION PERMISSION (PBDE/GRAD)

pbde.education@umanitoba.ca
gradprograms.education@umanitoba.ca

1. Student completes section **A** below.
 2. Student completes section **B** (Back of the form) and then sends it to the instructor to complete section **C**.
 3. Instructor completes section **C**. If the instructor is a sessional, Dept. Head approval must also be obtained.
 4. **Student returns** completed form to an Academic Advisor, Education Student Services Office at pbde.education@umanitoba.ca (for PBDE students) or gradprograms.education@umanitoba.ca (for Masters/Doctoral students).
- NOTE:** This is not a registration form. The student must register via Aurora Student.

A	Student Completes					
	<input type="checkbox"/> PBDE <input type="checkbox"/> Graduate Student <input type="checkbox"/> Extended Education* (see reverse) <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. EDUA 5600)	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.		i) <input type="checkbox"/> The lack of appropriate prerequisite or co requisites ii) <input type="checkbox"/> Other (use reverse to provide details) Note for PBDE students: Late Registration, Space Capacity and Course Conflicts are not permitted. See PBDE Attendance Policy on the education website			

INSTRUCTOR:							
1. Complete Section C below 2. Return to student							
C	Instructor Completes						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Instructor's name (print):</td> <td style="width: 50%; padding: 5px;">Instructor Signature:</td> </tr> <tr> <td colspan="2" style="padding: 5px;"><i>Sessional instructor: Please forward form to Dept. Head for final approval.</i></td> </tr> <tr> <td style="padding: 5px;">Department Head's name (print):</td> <td style="padding: 5px;">Department Head's Signature:</td> </tr> </table>	Instructor's name (print):	Instructor Signature:	<i>Sessional instructor: Please forward form to Dept. Head for final approval.</i>		Department Head's name (print):	Department Head's Signature:
	Instructor's name (print):	Instructor Signature:					
	<i>Sessional instructor: Please forward form to Dept. Head for final approval.</i>						
Department Head's name (print):	Department Head's Signature:						

Education Academic Advisor: <input type="checkbox"/> Student Informed Comments:	Date:
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Use reverse if further space is needed

This personal information is being collected under the authority of *The University of Manitoba Act*. It will be used for the purpose of assessing the student's eligibility to enroll in certain classes and to facilitate the process of registration for certain courses. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, Manitoba, R3T 2N2.

***Extended Education (General Studies) students needing permission for Education 5000 level courses, must present this permission slip to an Advisor in Extended Education who will confirm they hold a recognized degree prior to entering an override.**

B. Please describe in detail your reasoning for requesting permission, i.e. academic background, equivalent pre-requisites, course needed for graduation: