

REGISTRATION PERMISSION (PBDE/GRAD)

PBDE.Education@umanitoba.ca GradPrograms.Education@umanitoba.ca

	t completes section ${f A}$ below	_										
		dent must also o	btain Dept. He	ad Approval when	the request is for prereq	uisite/co-requisite waivers and/or						
	city/space overrides)	an Academic A	dvisor Educat	ion Student Servic	es Office at PRDF Educ	ation@umanitoba.ca(for PBDE						
	or GradPrograms.Education				es office at 1 BBE.Eauc	anon@amamteea.ea(ref 1 BBL						
•	This is not a registration form	_	•	•								
	<u> </u>		C									
	Student Complet	OC										
A	□ PBDE □ Graduate Student □ Extended Education* (see reverse) □ Other											
	Name:	ioni 🗕 Extend	ea Education (Signature								
-	Student Number: Phone No:											
	Student's Faculty: UM e-mail:											
-												
	Year: 20_ □ Fall Term □ Winter Term □ Summer Term											
	COURSE NUMBER				LAST DAY TO	FIRST DAY OF						
	(e.g. EDUA 5600)	SECTION	CRN	CR.HOURS	REGISTER FOR COURSE	CLASSES						
-					COURSE							
-												
	Specify why you are	i) The la	a als of ammun									
	Specify why you are requesting special ii) The lack of appropriate prerequisite or co requisites Other (use reverse to provide details)											
	permission. Provide	other (use reverse to provide details)										
	further details on	Note for PBDE students: Late Registration, Space Capacity and Course Conflicts										
	reverse if necessary.	se if necessary. are not permitted. See PBDE Attendance Policy on the education website										
	UCTOR:											
	ete Section B below to student											
В	Instructor Comp	letes										
Ъ	-											
	Instructor's name (prin	τ):		Instruc	Instructor Signature:							
				Date:	Date:							
	Student must also obtain Dept. Head Approval when the request is for prerequisite/co-requisite waivers											
	Donartment Head's nan	na (nrint).		Depart	Department Head's Signature:							
	Department Head's name (print): Department Head's Signature:											
Educati	On .				Date:							
	ic Advisor:				Butc.							
□ Student Informed												
Comments:												

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.

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