

DEPARTMENTAL PERMISSION FORM - TIME CONFLICT

Section A: This section is to be completed by the **student** and presented to the **instructor** or **designate** for approval and completion of section B. The completed form must be presented to **your Dean's Office** no later than 4:00 PM on the final date for registration modification in the respective session. Consult Academic Schedule for specific dates.

PLEASE NOT	E: This is NOT a registrat	ion form. The STUDENT is	responsible f	or registration.	
Name:					
	(Last Name)		(Given Nar	me)	
Telephone#:		Email Address:			
Student #:		Faculty:			
Course #:		Course Name:			
Term (F, W, S):	Sections(s):	CRN:	Т	ime Offered:	
Course Code:		Course Name:			
Term (F, W, S):	Sections(s):	CRN:	Т	ime Offered:	
		nstructor or designate no lat It appropriate Academic Sch			and
The Department of	authoriz	zes registration for the above	e noted studen	t in the above noted co	urse.
Signature:			Date:		
	(Instructor)				
Signature:			Date:		
	(Department Hea	ad)			
The Department of	authoriz	zes registration for the above	e noted studen	t in the above noted co	urse.
Signature:			Date:		
	(Instructor)				
Signature:			Date		
	(Department He	ad)			
Section C: This section	is to be completed by the I	Dean/Director's representat	ive of faculty/se	chool of registration.	
Term:	SFASRPO:	Date:	lr	nitials:	
Copy to Student	Comments:				
Registered	CRN:		_	ate:	
Negistereu			U		

Statement of Purpose: This personal information is being collected under the authority of the University of Manitoba Act and will be used to obtain departmental permission for a student to register in a particular course or section. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the Access & Privacy Office (Tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.