

DEPARTMENTAL PERMISSION FORM

Section A: This section is to be completed by the **student** and presented to the **instructor** and then **Department Head** for approval and completion of section B. The completed form must be presented to **your Dean's Office** (**Faculty of Registration**) no later than the final date for registration revision in the respective term. Consult Academic Schedule for specific dates.

PLEASE NOTE: This is NOT a registration form. The STUDENT is responsible for registration.

Name:			
	(Last Name)		(Given Name)
Telephone#:		Email Address:	
Student #:		Faculty:	
Course Code:		Course Name:	
Term (F, W, S):		Sections(s):	CRN:
			d no later than the final date for mic Schedule for specific dates.
The Department of authorizes registration for the above noted student in the above noted course as follows:			
Year Class Restriction	Special Approval	Lab Exemption	College Restriction
Full Capacity/Space O	Verride Major Restriction	Prerequisite Waiver	Prerequisite/Corequisite Waiver
Signature:	(Instructor)		Date:
Signature:			Date:
	(Department Head)		
Comments:			
Section C: This section	is to be completed by the Dear	n/Director's representative	of faculty/school of registration.
Term:	SFASRPO:	Date:	Initials:
Copy to Student	Comments:		
Registered	CRN:		Date:

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.