



**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 Undergraduate Academic Advisor, Student Services Office, Room 203 Education Building
- NOTE:** This is not a registration form. The student must register via AURORA for the course indicated after a Student Advisor has processed the applicable overrides.

<b>A</b>	<b>Student Completes</b>					
	<input type="checkbox"/> B.Ed. <input type="checkbox"/> Integrated Music/Education <input type="checkbox"/> Other _____					
	Name: _____			Signature: _____		
	Student Number: _____			Phone No: _____		
	Student's Faculty: _____			e-mail: _____		
	Year: 201_ <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 <a href="http://umanitoba.ca/faculties/education/media/BEd_Attendance_Policy_Sept17_2014.pdf">http://umanitoba.ca/faculties/education/media/BEd_Attendance_Policy_Sept17_2014.pdf</a>			

<b>INSTRUCTOR:</b>									
1. Complete Section B below 2. Return to student									
<b>B</b>	<b>Instructor Completes</b>								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Instructor's name (print):</b></td> <td><b>Instructor Signature:</b></td> </tr> <tr> <td></td> <td><b>Date:</b></td> </tr> <tr> <td colspan="2"><i>Note: Student must also obtain Department Head Approval where the Instructor is a "Sessional Instructor".</i></td> </tr> <tr> <td><b>Department Head's name (print):</b></td> <td><b>Department Head's Signature:</b></td> </tr> </table>	<b>Instructor's name (print):</b>	<b>Instructor Signature:</b>		<b>Date:</b>	<i>Note: Student must also obtain Department Head Approval where the Instructor is a "Sessional Instructor".</i>		<b>Department Head's name (print):</b>	<b>Department Head's Signature:</b>
<b>Instructor's name (print):</b>	<b>Instructor Signature:</b>								
	<b>Date:</b>								
<i>Note: Student must also obtain Department Head Approval where the Instructor is a "Sessional Instructor".</i>									
<b>Department Head's name (print):</b>	<b>Department Head's Signature:</b>								



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

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.

**Details (if any) can be provided on this side of the page:**

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