

THE UNIVERSITY OF MANITOBA  
CLAYTON H. RIDDELL FACULTY OF ENVIRONMENT, EARTH, AND RESOURCES  
**DEPARTMENTAL PERMISSION FORM**

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Section A: This section is to be completed by the **student** and presented to the **instructor** and then **Department Head** for approval and completion 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 #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Student #: \_\_\_\_\_ Faculty: \_\_\_\_\_

Course Subject and #: \_\_\_\_\_ Course Name: \_\_\_\_\_

Term (F, W, S): \_\_\_\_\_ Section(s): \_\_\_\_\_ CRN: \_\_\_\_\_

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Section B: This section is to be completed by the **instructor** and **Department Head** no later than the final date for registration revision in the respective term. Consult appropriate Academic Schedule for specific dates.

The Department of \_\_\_\_\_ authorizes registration for the above noted student in the above noted course as follows:

<input type="checkbox"/> Year Class Restriction	<input type="checkbox"/> Special Approval	<input type="checkbox"/> Lab Exemption	<input type="checkbox"/> College Restriction
<input type="checkbox"/> Full Capacity/ Space override	<input type="checkbox"/> Major Restriction	<input type="checkbox"/> Prerequisite waiver	<input type="checkbox"/> Prerequisite/ Corequisite waiver

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Instructor

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Head

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Comments: \_\_\_\_\_

\_\_\_\_\_ Initials: \_\_\_\_\_

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Section C: This section is to be completed by the **dean/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 FIPPA Coordinator's Office (204) 474-8339, c/o Archives and Special Collections, 331 Dafoe Library, University of Manitoba, R3T 2N2.