

## REQUEST FOR PERMISSION FOR CONCURRENT CURRICULUM

Students who wish to continue work toward a previous degree, certificate or diploma program, while being simultaneously registered in another program at the University of Manitoba, must request permission for concurrent curriculum privileges.

**APPLICATION DEADLINES:** Applications should be received prior to the start of term. Applications received after this will be reviewed on a case-by-case basis.

### INSTRUCTIONS FOR STUDENTS:

1. Complete **Section A** of this form.
2. Have **Section B** (on page 2 of this form) signed by both programs.
3. **Submit** the form to the Faculty of Graduate Studies, 500 University Centre, University of Manitoba, Winnipeg MB R3T 2N2.

### SECTION A: TO BE COMPLETED BY THE STUDENT

Last Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_ Student Number \_\_\_\_\_

Graduate Program: \_\_\_\_\_  
(most recently admitted)

Secondary Program: \_\_\_\_\_  
(secondary program you wish to complete)

**I plan to begin my Concurrent Curriculum in:**    Fall 20\_\_\_\_\_     Winter 20\_\_\_\_\_     Summer 20\_\_\_\_\_

#### My signature certifies that ALL of the following are true:

1. I understand that I must seek permission from both programs before I can be granted privileges for concurrent curriculum.
2. I understand that I am responsible for payment of all applicable fees for both programs, and for notifying the Registrar's Office if fees are not assessed for both programs.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
(MM/DD/YYYY)

Notice Regarding Collection, Use and Disclosure of Personal Information by the University:

Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purpose of processing your Request for Permission for Concurrent Curriculum. 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, MB, R3T 2N2.

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### SECTION B: To be completed by both Faculty/School/Department offices and returned to the Faculty of Graduate Studies

#### Graduate Program (most recently admitted)

Faculty/School/Department: \_\_\_\_\_

Program: \_\_\_\_\_

Admit Term: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Catalog Term: \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_

Dept. Head/Chair: \_\_\_\_\_

Signature of Dept. Head/Chair: \_\_\_\_\_

Date: \_\_\_\_\_

#### Secondary Program (secondary program you wish to complete)

Faculty/School/Department: \_\_\_\_\_

Program: \_\_\_\_\_

Admit Term: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Catalog Term: \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_

Dept. Head/Chair: \_\_\_\_\_

Signature of Dept. Head/Chair: \_\_\_\_\_

Date: \_\_\_\_\_

This student will begin their Concurrent Curriculum in:  Fall 20\_\_\_\_  Winter 20\_\_\_\_  Summer 20\_\_\_\_

#### Comments:

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#### FGS Use Only

Approved by Dean of Grad Studies \_\_\_\_\_ Date \_\_\_\_\_  
(MM/DD/YYYY)

#### Registrar's Office Use Only:

- |   |  |
|---|--|
| <input type="checkbox"/> SGASTDN        | <input type="checkbox"/> Graduating (Y/N): _____ Term 20____ Degree: _____ |
| <input type="checkbox"/> SHADEGR        | <input type="checkbox"/> Tracking Form and Student Records Updated         |
| <input type="checkbox"/> Fee Assessment | <input type="checkbox"/> Date of Record Update: _____                      |