



Section A: To Be C	Completed	by Stude	ent								
Name:						Student Number:					
Address:						Phone Number:					
Honours Field (s):						Email:					
Minor (Optional):		Program Year:			Grad Date:						
Subsequent change	es to Honou	ırs and/or	REGISTER FOR ancillary cour will be deem	rse(s) m	nust also be a acceptable to	approve	d by the d	epartment a	nd faculty a	dvisors.	
Term:						Term:					
Course Number	CRN	RN Section Prereq H		Hrs	Course Nu	mber	ber CRN	Section	Prereq	Hrs	
Total Hours						Total Hours					
	<u> </u>					- 10					
tudent Signature: (Please type in)					-		Da	te:		_	
Faculty of Arts: Comments/Overrides:					Department: Comments/Overrides/Waivers:						
					☐ Approved, No Changes:						
					☐ Approved, with the Following Changes:						
	T		1								
Program Check:	Initial:		Date:			C!====±-	(-\:				
Courses Approved: Overrides Entered:	Initial:		Date: Department			signatui	re (s):				
Overrides Entered:	iiilliai:		Date:	L	Date:						

☐ Copy Given to Student to Register for Above Courses in Aurora

Students must ensure that all repeat, special permission and prerequisite overrides are obtained from the department and submitted to the Faculty of Arts General Office prior to registration.

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