

University of Manitoba

Department of Anthropology

Course Approval Form

To be completed prior to registration in Aurora.

Student's Name: _____

Student Number:_____

Advisor's Name:_____

Program:_____

Academic Year:_____

Year in Program:_____

Course Number	Course Name	Number of Credits

Student's signature:	Date:
Advisor's signature:	Date:
Department Head Approval:	Date:

This document is available in an alternate format upon request. Please contact Madeleine Hoskins.