



**REGISTRATION FORM: OCCASIONAL STUDENTS IN
PSYCHOLOGY**
Regular Session 20__ – 20__ / Summer Session 20__

Name (print): _____ Student Number: _____

U of M Email: _____

Street Address: _____

City: _____ Postal Code: _____

Preferred Phone: _____ Alternate Phone: _____

REGISTRATION INFORMATION

Course No.	Aurora CRN	Course Name	Term F/W/S	Credit Hours	Course Class *.
					○
					○
					○
					○
					○
					○
					○

*Course Classification – Standard or AuXillary or Occasional or Audit

SIGNATURES:

Student: _____ Date: _____

Associate Head (Graduate) or designate: _____ Date: _____

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 maintaining a record of progress regarding your program of study, and for communication. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and 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.