



Biosystems Engineering
Price Faculty of Engineering
Special Permission Form

The Department of Biosystems Engineering authorizes:

Last Name: _____ First Name: _____

Student Number: _____ Email: _____

Student's Department or Faculty: _____

To register in the following Term:

☐ 20____ Fall Term (Sept) ☐ 20____ Winter Term (Jan) ☐ 20____ Summer Term

Course: _____ Lecture Section: _____ CRN: _____
(Subject Code & Course Number)

Lab Section: _____ CRN: _____

☐ Notwithstanding the **lack of appropriate prerequisite/corequisite**
Indicate missing prerequisite/s: _____

☐ As a **course equivalent** or **mutual exclusion** for course: _____
(Instructor's signature is not required) (Subject Code & Course Number)

☐ Permission to take an engineering course while registered in another faculty (Override **degree restriction or Field of Study**) Students must meet all prerequisite/corequisite requirements. (Subject to space availability only.)

☐ Year Class Restriction Override (Instructor's signature is not required)

☐ Restriction Override (Instructor's signature is not required)
Specify: ☐ Major Restriction Override ☐ College Restriction Override ☐ Program Restriction Override

☐ Other (Please Specify): _____

Signed: _____ Date: _____
(Instructor)

Signed: _____ Date: _____
(Biosystems Department Representative)

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 Access & Privacy Office (Tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.