

THE UNIVERSITY OF MANITOBA  
FACULTY OF AGRICULTURAL AND FOOD SCIENCES

**PERMISSION FORM**

**Section A:** This section to be completed by *THE STUDENT* and presented to the *INSTRUCTOR* or *DEPARTMENT HEAD* for approval. Once Section B has been completed by Instructor or Department Head, this form must be presented to *YOUR* Faculty NO LATER THAN 4:30 P.M. ON THE FINAL DATE FOR REGISTRATION AND CHANGES IN THE RESPECTIVE TERMS. Consult the appropriate Academic Schedule for specific dates.

*NOTE: This is not a registration form. The student must register by ON LINE for the course indicated, except when the permission is for "not withstanding the lack of space".*

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student Number: \_\_\_\_\_ Faculty: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fall Term 20 \_\_\_\_\_ Winter 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

CRN #: \_\_\_\_\_ Course #: \_\_\_\_\_ Lecture Section: \_\_\_\_\_ (One course per form)

CRN #: \_\_\_\_\_ Course #: \_\_\_\_\_ Lab Section: \_\_\_\_\_ (If applicable)

**Section B:** This section to be completed by *INSTRUCTOR* or *DEPARTMENT HEAD* offering the course no later than the final date for registration and changes in the respective Terms. Consult the appropriate Academic Schedule for specific dates.

The Department/Program of \_\_\_\_\_ authorizes registration for the above noted student in the above noted course as follows:

**PLEASE CHECK AS MANY AS APPLY**

Full Cap/Space override       Program Restriction       College Restriction  
 Prerequisite waiver       Year/Class Restriction       Permission to Audit  
 Pre/Co requisite waiver       Special Approval (Instructor/Dept Approval/Lab Exemption)  
 Section Change: To CRN#: \_\_\_\_\_ From CRN#: \_\_\_\_\_ (ie: A02 CRN#13579)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Instructor/Department Head)

Signed: \_\_\_\_\_  
(Instructor/Department Head)

**Section C:** This section to be completed by the Dean/Director's Representative of the Faculty/School in which the student is registered.

Comments: \_\_\_\_\_

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

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 FIPPA Coordinator's Office (204) 474-9462, Access and Privacy Office, 233 Elizabeth Dafoe Library, University of Manitoba, R3T 2N2.