

**DEPARTMENT OF IMMUNOLOGY
SUMMER REGISTRATION FORM**

Please make sure you read the instructions carefully before completing this form. Any missing information could result in a delay to your registration. Once completed and signed, please submit a copy of your registration via email to susan.ness@umanitoba.ca

***NOTE: YOU WILL NOT BE ABLE TO REGISTER YOURSELF IN AURORA STUDENT FOR IMMUNOLOGY COURSES.
YOU MUST SUBMIT A REGISTRATION FORM TO THE IMMUNOLOGY OFFICE.***

1. Consult your advisor regarding course selection and/or re-registration options.
NOTE: The department of Immunology does not offer summer courses.
 2. Obtain your advisor's signature. If taking a course outside of Immunology please be sure to have written permission from the instructor teaching the course.
 3. Submit your completed form and written permission (if required) via email to susan.ness@umanitoba.ca.
You do not need to obtain the Department Head's signature – the office will do that for you. We will notify you via email once your registration is complete.
 4. Pay your fees (https://umanitoba.ca/admin/financial_services/revcap/payment.html)
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Name: _____ Student Number: _____

Address: _____

Phone: _____ U of M Email: _____

Home Department: _____

I am a:

Program:

FACULTY OF GRADUATE STUDIES COURSES:

GRAD 7500 – Academic Integrity Tutorial - CRN 1581 (A01)
(REQUIRED COURSE FOR NEW STUDENTS. See Faculty of Graduate Studies registration requirement at http://umanitoba.ca/faculties/graduate_studies/registration/grad7500FAQ.html *)

GRAD 7300 – Research Integrity Tutorial - CRN 2139 (A01) ****NEW****
(REQUIRED COURSE FOR NEW STUDENTS. See Faculty of Graduate Studies registration requirement at <https://umanitoba.ca/researchintegrity/> *)

GRAD 7000 – Master’s Thesis - CRN 1300 (A01)

GRAD 7020 - Master’s Re-registration - CRN 1302 (A01)

GRAD 8000 - Ph.D. Thesis - CRN 1305 (A01)

GRAD 8010 - Ph.D. Candidacy Exam - CRN 1306 (A01)

GRAD 8020 - Ph.D. Re-registration - CRN 1307 (A01)

NON-IMMUNOLOGY COURSES:

Course Name and Number: _____ CRN: _____

Course Name and Number: _____ CRN: _____

Course Name and Number: _____ CRN: _____

Course Name and Number: _____ CRN: _____

Course Name and Number: _____ CRN: _____

SIGNATURES:

Student Name	Student Signature	Date
Advisor Name	Advisor Signature	Date
Co-Advisor Name	Co- Advisor Signature	Date
Dept. of Immunology Head	Dept. Head Signature	Date

For Office Use Only:	Immunology student data sheet on file:	YES	NO
	Written permission on file:	YES	NO
	On HOLD	YES	NO
	Date Registered:		