

**UNIVERSITY OF WINNIPEG
FACULTY OF THEOLOGY
PERMISSION FORM**

Full Name of Student: _____

Course Number: _____ Course Name: _____

The below instructor's signature or student's signature indicating verbal permission, permits the above named student to register in the course specified for the following reason(s) - please check appropriate box(es):

- | | | |
|---|---|--|
| <input type="checkbox"/> late registration | <input type="checkbox"/> special status student | <input type="checkbox"/> auditing the course |
| <input type="checkbox"/> exceeding max credits as a Special or Occasional student | <input type="checkbox"/> graduate wishing to continue | <input type="checkbox"/> course requiring permission |
| <input type="checkbox"/> thesis extension | | |
| <input type="checkbox"/> permission to bypass prerequisite for course | | |

Instructor's Signature

Date

OR

Student's Signature

Date Verbal Permission Received