



THE UNIVERSITY OF WINNIPEG Registration Permission Form

Student Name: _____ **Student Number:** _____

1. Course Section Number: _____

Ex: FREN-2110-001

Permission granted for the following reason(s):

- | | |
|--|---|
| <input type="checkbox"/> Prerequisite waiver | <input type="checkbox"/> Course section requiring Faculty Consent and/or Student Petition |
| <input type="checkbox"/> Corequisite waiver: _____
<small>(waived course number)</small> | <input type="checkbox"/> Section restriction rule waiver |
| <input type="checkbox"/> Time conflict waiver: _____
<small>(other course number)</small> | <input type="checkbox"/> Permission to register off of the waitlist |
| <input type="checkbox"/> Permission to audit the course section | <input type="checkbox"/> Permission to register late (after the Add/Drop Period)
<small>Departments: send form to advising@uwinnipeg.ca</small> |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Registration over capacity |

2. Course Section Number: _____

Ex: KIN-4500-001

Permission granted for the following reason(s):

- | | |
|--|---|
| <input type="checkbox"/> Prerequisite waiver | <input type="checkbox"/> Course section requiring Faculty Consent and/or Student Petition |
| <input type="checkbox"/> Corequisite waiver: _____
<small>(waived course number)</small> | <input type="checkbox"/> Section restriction rule waiver |
| <input type="checkbox"/> Time conflict waiver: _____
<small>(other course number)</small> | <input type="checkbox"/> Permission to register off of the waitlist |
| <input type="checkbox"/> Permission to audit the course section | <input type="checkbox"/> Permission to register late (after the Add/Drop Period)
<small>Departments: send form to advising@uwinnipeg.ca</small> |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Registration over capacity |

Professor's Signature: _____ **Date:** _____



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3. Course Section Number: _____ Ex: CJ-3500-001

Permission granted for the following reason(s):

- | | |
|---|--|
| <input type="checkbox"/> Prerequisite waiver | <input type="checkbox"/> Course section requiring Faculty Consent and/or Student Petition |
| <input type="checkbox"/> Corequisite waiver: _____
(waived course number) | <input type="checkbox"/> Section restriction rule waiver |
| <input type="checkbox"/> Time conflict waiver: _____
(other course number) | <input type="checkbox"/> Permission to register off of the waitlist |
| <input type="checkbox"/> Permission to audit the course section | <input type="checkbox"/> Permission to register late (after the Add/Drop Period)
Departments: send form to advising@uwinnipeg.ca |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Registration over capacity |

4. Course Section Number: _____ Ex: ENGL-3101-001

Permission granted for the following reason(s):

- | | |
|---|--|
| <input type="checkbox"/> Prerequisite waiver | <input type="checkbox"/> Course section requiring Faculty Consent and/or Student Petition |
| <input type="checkbox"/> Corequisite waiver: _____
(waived course number) | <input type="checkbox"/> Section restriction rule waiver |
| <input type="checkbox"/> Time conflict waiver: _____
(other course number) | <input type="checkbox"/> Permission to register off of the waitlist |
| <input type="checkbox"/> Permission to audit the course section | <input type="checkbox"/> Permission to register late (after the Add/Drop Period)
Departments: send form to advising@uwinnipeg.ca |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Registration over capacity |

Professor's Signature: _____

Date: _____