



# THE UNIVERSITY OF WINNIPEG Registration Permission Form

**Student Name:** \_\_\_\_\_ **Student Number:** \_\_\_\_\_

**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: _____<br><small>(waived course number)</small>  | <input type="checkbox"/> Section restriction rule waiver  |
| <input type="checkbox"/> Time conflict waiver: _____<br><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)<br><small>Departments: send form to <a href="mailto:advising@uwinnipeg.ca">advising@uwinnipeg.ca</a></small> |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Registration over capacity   |

**Professor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_