



THE UNIVERSITY OF
WINNIPEG
The United Centre for Theological Studies



The United Centre for Theological Studies (UCTS) PERMISSION FORM

Student # _____ 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):

- late registration special status student auditing the course
 exceeding max credits as a Special or Occasional student course requiring permission
 graduate wishing to continue permission to bypass prerequisite for course
 thesis extension from _____ to _____.

Instructor's Signature

Date

OR

Student's Signature

Date Verbal Permission Received