



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: _____
(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: _____