University of Regina

FACULTY of ARTS

Registration Permit/Override Form

Last Name	First Name	Middle Initial

Student ID Number

Course Registration Number	Subject	Course Number	Section

TERM OF COURSE	YEAR	TERM
		Fall
		Winter
		Spring

Permission, if granted, may be viewed in UR Self-Service.
If permission is granted, the student is responsible for their own registration, according to their time ticket.
Students are encouraged to request permission in advance of their registration day and time.
Submit completed forms to the Arts Student Services Office - Classroom Building 411.

1. Overload Permission (to enroll in a class that is full)

All courses require instructor's signature

University of Regina Psychology, Economics and English courses must have Dept. Head's signature as well.

Instructor's Signature _____ Department Head's Signature _____

☐ CAPACITY

2. Permission to enroll in more than max credit hours in current semester

Reason for Request: _____

Must have Faculty of Arts Advisor's Signature

Faculty of Arts Advisor's Signature _____

3. Permission to Register Late (after the final add date)

Must have the Instructor's and the Associate Dean's signature.

Has the student been attending the class. ☐ Yes ☐ No

Permission is not automatic, and will be given only in exceptional circumstances. On the back of this form, explain why you were not able to register on time.

Instructor's Signature _____ Date Signed _____ Associate Dean's Signature _____

4. Permission to register without prerequisite, or Permission of Dept. Head REQUIRED

Without the prerequisite of: _____

Concurrently with the prerequisite of: _____

Prerequisite courses may not be subsequently taken for credit without special permission.

Instructor's Name & Signature (if required by Dept. Head) _____ Department Head's Name and Signature _____

☐ PREREQ

☐ SPECIALAPP

5. Permission to register in a restricted course

☐ Campus Restriction: Campion Luther First Nations University → _____ Academic Office - Name & Signature

☐ Major//Degree Restriction → _____ Department Head's Name & Signature

☐ College/Program Restriction: Faculty of _____ → _____ Academic Office - Name & Signature

☐ Other _____ → _____ Authorized Name & Signature

☐ MAJOR

☐ DEGREE

I am aware that:
- Permission is not automatic.
- Receipt of permission does not guarantee that space is available in the section or course.
- It is my responsibility to meet the prerequisites of courses and to comply with academic regulations.
- It is my responsibility to ensure the accuracy of my registration.

Student Signature:	Phone:	Date:

For office use only:

SFASRPO Entry:	Initials:	Date: