

Registration Permit/Override Form

Last Name		First Name		Middle Initial	
Course Registration Number	Subject	Course Number	Section		

Student ID Number		
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.

<p>1. Overload Permission (to enroll in a class that is full) <i>All courses require instructor's signature</i> <i>University of Regina Psychology and English courses must have Dept. Head's signature as well.</i></p> <p>_____ Instructor's Signature _____ Department Head's Signature</p>	<input type="checkbox"/> CAPACITY
<p>2. Permission to enroll in more than max credit hours in current semester Reason for Request: _____ Must have Faculty of Arts Advisor's Signature</p> <p>_____ Faculty of Arts Advisor's Signature</p>	
<p>3. Permission to Register Late (after the final add date) <i>Must have the Instructor's and the Associate Dean's signature.</i></p> <p>Has the student been attending the class. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ Instructor's Signature _____ Date Signed _____ Associate Dean's Signature</p>	Permission is not automatic, and will be given only in exceptional circumstances.
<p>4. Permission to register without prerequisite, or Permission of Dept. Head required Without the prerequisite of: _____ Prerequisite courses may not be subsequently taken for credit without special permission. Concurrently with the prerequisite of: _____</p> <p>_____ Instructor's Name & Signature (if required by Dept. Head) _____ Department Head's Name and Signature</p>	<input type="checkbox"/> PREREQ <input type="checkbox"/> SPECIALAPP
<p>5. Permission to register in a restricted course</p> <p><input type="checkbox"/> Campus Restriction: Campion Luther _____ Academic Office - Name & Signature First Nations University</p> <p><input type="checkbox"/> Major//Degree Restriction _____ Department Head's Name & Signature</p> <p><input type="checkbox"/> College/Program Restriction: Faculty of _____ _____ Academic Office - Name & Signature</p> <p><input type="checkbox"/> Other _____ _____ Authorized Name & Signature</p>	<input type="checkbox"/> MAJOR <input type="checkbox"/> 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:
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For office use only:

SFASRPO Entry:	Initials:	Date:
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