Registration Permit/Override Form

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Student ID Number</th>
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<tr>
<th>Course Registration Number</th>
<th>Subject</th>
<th>Course Number</th>
<th>Section</th>
<th>TERM OF COURSE</th>
<th>YEAR</th>
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<td>Fall</td>
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<td>Spring</td>
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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 and English courses must have Dept. Head's signature as well.

   Instructor's Signature
   Department Head's Signature

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.
   Permission is not automatic, and will be given only in exceptional circumstances.

   Has the student been attending the class.  ✔ Yes  ☒ No

   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: Prerequisite courses may not be subsequently taken for credit without special permission.
   Concurrently with the prerequisite of: ______________________

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

5. Permission to register in a restricted course
   Campus Restriction:  Campion  Luther  First Nations University
   Major/Degree Restriction
   College/Program Restriction: Faculty of
   Other

   Academic Office - Name & Signature
   Department Head's Name & Signature
   Academic Office - Name & Signature
   Authorized Name & Signature

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:  

Feb