



Student Information

Student ID Number	Last Name	First Name	Middle Initial	Study Location
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Permission:

- is not automatic and will only be given in exceptional circumstances;
- is given by Term;
- if granted, may be viewed in UR Self-Service; and
- If granted, the student is responsible for their own registration, according to time ticket

Please submit completed forms to the Faculty of Social Work Student Services:

Sw.StudentServices@uregina.ca

Regina Campus: Room 456 - Education Building

Saskatoon Campus : Room 111 - 116 Concourse

Registration Information

YEAR:

TERM:

Course Registration Number	Subject	Course Number	Section
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1. ☐ Permission to Overload (Enroll in a Class that is Full): CAPACITY

Wait list must be dropped to request permission to overload. Requests received before this time will not be reviewed or approved.

OR ☐ Written instructor approval attached (i.e., email)

Instructor's Signature

2. ☐ Permission to Register Late

Requires an appointment with an Academic Advisor.

Advising Appointment:

For Office Use Only

Advisor:

☐ AGA: Late Registration

3. ☐ Permission to Enroll in More Than Maximum Number of Credit Hours in One Semester: MAXHRS

Requires an appointment with an Academic Advisor to discuss approval from the Faculty of Social Work.

Advising Appointment:

For Office Use Only

Advisor:

☐ Request to Associate Dean

4. ☐ Permission to Register Without a Pre-Requisite or Permission of Department Head Required: PREREQ & SPECIALAPP

Requests for pre-requisites for Social Work courses requires an appointment with an Academic Advisor to discuss approval from the Faculty of Social Work.

Advising Appointment:

For Office Use Only

Advisor:

☐ Request to Associate Dean

Pre-requisite courses may not be subsequently taken for credit without special permission.

Without the pre-requisite of:

Concurrently with the pre-requisite of:

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

Instructor's Name & Signature

5. ☐ Permission to Register in a Restricted Course

Campus Restriction: CAMPUS

Major/Degree Restriction: DEGREE

College/Program Restriction: COLLEGE

Faculty of

Other

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Academic Office: Name & Signature

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Department Head's: Name & Signature

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Academic Office: Name & Signature

→

Authorized Name & Signature

Disclaimer

I am aware that:

- ☐ Permission is not automatic
- ☐ Receipt of permission does not guarantee that space will be available in the section or course.
- ☐ It is my responsibility to meet the prerequisites of courses and comply with academic regulations.
- ☐ It is my responsibility to ensure the accuracy of my registration.
- ☐ The University does not automatically add or drop students from courses or sections of courses and I am responsible for my registration.

Student Signature

Phone

Date

For Office Use Only:

SFASRPO Entry:

Entered by:

Date: