University of Regina | Faculty of Social Work

Registration Permit/Override Form

Student Information

Student ID Number	Last Name	First Name	Middle Initial	Study Location

Registration Information

YEAR: TERM:

Course Registration Number	Subject	Course Number	Section

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:

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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   → _____
                                           Academic Office: Name & Signature
   Major/Degree Restriction: DEGREE   → _____
                                           Department Head's: Name & Signature
   College/Program Restriction: COLLEGE → _____
        Faculty of   Academic Office: Name & Signature
   Other   → _____
                                           Authorized Name & Signature

For Office Use Only:

SFASRPO Entry:	Entered by:	Date:

Revised August 2022