Students who wish another person to register them or make changes to their registration must provide their proxy with written signed permission to act on their behalf.

I hereby give ________________________________ permission to register me for courses in the following semester(s): FALL ☐ WINTER ☐ SPRING/SUMMER ☐ YEAR: ________________

I authorize ☐ do not authorize ☐ the above named to have access to the information in my student records required to complete my registration.

I understand that I am responsible for reviewing the details of my registration to ensure they are correct (www.uregina.ca/webservicesforstudents, login to your Self-Service), for the payment of all tuition and other fees that result from my registration, and for notifying the University in writing if I should decide not to attend.

______________________________________________________                    ________________________
Signature               Date