

Permission to Register On-line in Graduate Courses

Student Data	ID number:
Family Name:	Given name:

Registering as:	Term:
<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Fall (September) <input type="checkbox"/> Winter (January) <input type="checkbox"/> Summer	

Level of Study
<input type="checkbox"/> Doctoral <input type="checkbox"/> Master's <input type="checkbox"/> Visiting

Graduate Courses

Course #	CLASS # and TOPIC TITLE	Credits	Within discipline
e.g. CHEM 600	XXXX	3	Yes/no

Qualifying Program – Graduate courses

Course	Number /term	Class #	Credits	Within discipline?
e.g. CHEM	612		3	Yes/no

Qualifying Program – Undergraduate courses

Course	Number	Class #	Credits	Lab
e.g. CHEM	415		3	Lab 03

By signing this form I hereby request to enroll as a student in the above courses and agree to pay the costs associated with my graduate program and courses at Concordia University. I understand that my failure to attend classes in any course does not constitute withdrawal. **Registration and Withdrawal** is done by on-line withdrawal through the on-line registration tool and according to the dates published in the University Calendar. Registration in courses other than those authorized by my Program Director may result in those courses not counting towards my degree and may incur extra costs.

****If the course is outside the Department; indicate the course title and attach a course description****

****Following student and supervisor sign-off, return form to Graduate Program Assistant****

_____	_____
Student's signature	Date
_____	_____
Supervisor(s): Signature and Print name	Date
_____	_____
Program Director's signature	Date

Once this permission form is signed the student is responsible for registering on-line for the authorized course(s).