

**FACULTY OF FINE ARTS
REGISTRATION PERMISSION APPROVAL FORM**

This section to be completed by the Student:

Name: _____		ID # _____	
Telephone number(s): _____		E-mail address: _____	
Degree/Program/Concentration: _____			
The course I am requesting permission for is:			
_____	_____	_____	_____
Course Name (eg. DRAW)	Course Number (eg. 200)	Session (eg. /3)	Section (eg. AA)

This section MUST be completed by the Department's Designated Authority:

Check only 1 box:	
<input type="checkbox"/>	Permission is granted to register in the course only if the course is not full to capacity.
OR	
<input type="checkbox"/>	Permission is granted to register in the course even if the course is full to capacity.
<i>Please note that it is the responsibility of the Department's Designated Authority to ensure the above student has completed the required course prerequisites or equivalent.</i>	
_____	_____
Department's Designated Authority	Date

PLEASE NOTE: In order for a permission to be coded, this form must be completed in full, signed by the Department's Designated Authority and returned to the appropriate Department Office . Please allow 48 hours for the permission to be coded. **Students are responsible to register for the course**