



Permission to Register

Student Information

Legal Last Name	Legal First Name	Student Number C
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► **Return this form when complete to Enrolment Services** ◀
 Permission to Register forms will be accepted **up to the fee deadline.**

Course	Section# (required)	Date
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Permission to Register on or after the first day of class to the fee deadline.

INSTRUCTOR (Do not sign until the first day of class)

This student has my permission to **Audit** or **Enrol** in the above course.

Does this require a Course overload: Y N

Enrolment must occur by the end of day: _____ (date).

Print Name _____ Instructor Signature _____

Prerequisite Assessment: *Permission of the Chair is accepted as an alternative to meeting academic prerequisites. Permission must be obtained and on record with Enrolment Services **prior to registering** in this course.*

DEPARTMENTAL CHAIR

Having assessed the background of the student, I have determined that this student can enter the above course **for this intake only.**

Print Name _____ Chair Signature _____

► **camosun.ca • 1-877-554-7555 • 250-370-3550 • (Lansdowne fax) 250-370-3551 • (Interurban fax) 250-370-3750** ◀



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