



Course Registration Authorization Self-Paced Upgrading Courses

Student Information

Last Name

First Name

Student
Number

C

Authorization to Register

Term

Subject

Course #

Section #

Start Date

INSTRUCTOR: This student has my authorization to enrol in the above course.

Does this require a course overload? Y N

Instructor Signature: _____ Date: _____

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

DEPARTMENTAL CHAIR: I have determined that this student meets the prerequisite for the above course.

Chair Signature: _____ Date: _____

**Return completed form to the Registration Department
or email to registration@camosun.ca**