



SPECIAL PERMISSION FORM FOR STUDENTS OUTSIDE OF FACULTY OF EDUCATION

THIS FORM IS TO BE COMPLETED BY STUDENTS OUTSIDE OF THE FACULTY OF EDUCATION REQUESTING PERMISSION TO REGISTER IN A GRADUATE COURSE AT THE FACULTY OF EDUCATION.

Student Name:

Student #:

Student E-Mail Address:

Student's Graduate Program:

PERMISSION TO REGISTER IN :

Course #:

Course Title:

Term of Registration:

APPROVAL SIGNATURES

**Program Advisor/Graduate Assistant/
Grad Chair (of Program Registered In):**

Date:

Course Instructor:

Date:

**Graduate Programs Office:
(Faculty of Education)**

Date:

The form must be submitted to the Graduate Programs Office, Faculty of Education, once all signatures have been obtained.