

# HISTORY 415 - 416 PERMISSION FORM



This form must be completed and signed **by all parties** and returned to the Registrar's Office in Student & Enrolment Services.

<b>TO BE COMPLETED BY THE STUDENT</b>		
Last Name	First Name	Student ID Number
Phone Number	Email	
Please check the course for which you require consent: <input type="checkbox"/> HIS 415 <input type="checkbox"/> HIS 416		
Semester and Year for which you require consent:		
<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring 1 <input type="checkbox"/> Spring 2 <input type="checkbox"/> Summer 1 <input type="checkbox"/> Summer 2    Year: _____		
Student Signature		Date

<b>TO BE COMPLETED BY THE DEPARTMENT</b>		
Department Chair		
Print Name	Signature	Date

<b>TO BE COMPLETED BY THE REGISTRAR'S OFFICE</b>		
Completed form received by the Registrar's Office	Initials	Date