

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

TO BE COMPLETED BY THE S	TUDENT		
Last Name	First Name	Student ID Number	
Phone Number	Email		
Instrument you wish to study:			
What is your previous music experience	e (e.g., lessons, ensembles, self-ta	ught, etc.) regarding this instrument?	
Royal Conservatory Level (if applicable):			
Please check the course for which you require consent: MUP 122 MUP 126 			
Consent is required for direct entry into Please describe why you should be allow Semester and Year for which you req □ Fall □ Winter □ Spring 1	wed to enrol in this course:		
Student Signature		Date	
TO BE COMPLETED BY THE D	DEPARTMENT		
Instructor or Department Consent			
Print Name	Signature	Date	
Recommended Course (if different fr	com above):		
TO BE COMPLETED BY THE R	EGISTRAR'S OFFICE		

Completed form received by the Registrar's Office	Initials	Date