MUSIC 295
PERMISSION FORM

CONCORDIA UNIVERSITY OF EDMONTON

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 STUDENT

Last Name	**First Name**	**Student ID Number**
Phone Number	**Email**	

Semester and Year for which you require consent:

□ Fall □ Winter □ Spring 1 □ Spring 2 □ Summer 1 □ Summer 2 Year:_____

Student Signature **Date**

TO BE COMPLETED BY THE DEPARTMENT

Department Chair

Print Name **Signature** **Date**

TO BE COMPLETED BY THE REGISTRAR'S OFFICE

Completed form received by the Registrar's Office **Initials** **Date**