MUSIC 395 PERMISSION FORM



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		Summer 2 Year:
Student Signature		Date
TO BE COMPLETED BY THE DEPARTMENT		
Department Chair	<u>'</u>	
Print Name	Signature	Date
TO BE COMPLETED BY THE REGISTRAR'S OFFICE		
Completed form received by the Registrar's Office Initials Date		Date