MUSIC 630 - 631 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 | |
| Please check the course for which you require consent: MUS 630 MUS 631 (requires MUS 630) | | |
| Semester and Year for which you req | wire 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 Regi | strar's Office Initials | Date |
| | | |