

**400-LEVEL DRAMA COURSE  
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 for consent: <input type="checkbox"/> DRA 425 <input type="checkbox"/> DRA 450 <input type="checkbox"/> DRA 453 <input type="checkbox"/> DRA 483		
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