

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: <ul> <li>I HIS 415</li> <li>I HIS 416</li> </ul>				
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 DEPARTM	ENT	
Department Chair		
Print Name	Signature	Date

TO BE COMPLETED BY THE REGISTRAR'S	OFFICE	
Completed form received by the Registrar's Office	Initials	Date