

RELIGIOUS STUDIES 490 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: <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: _____		
Proposed Topic (enter title here and attach 200-300 word proposal to this form)		
Student Signature		Date

TO BE COMPLETED BY THE DEPARTMENT

Supervising Instructor		
Print Name	Signature	Date
Department Chair		
Print Name	Signature	Date

TO BE COMPLETED BY THE REGISTRAR'S OFFICE

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