

**PSY 480  
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>		
<b>Last Name</b>	<b>First Name</b>	<b>Student ID Number</b>
<b>Phone Number</b>	<b>Email</b>	
<b>Semester and Year for which you require consent:</b>		
<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: _____		
<b>Proposed Topic:</b>		
<b>Student Signature</b>		<b>Date</b>

<b>TO BE COMPLETED BY THE DEPARTMENT</b>		
<b>Supervising Instructor</b>		
<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
<b>Department Chair</b>		
<b>Print Name</b>	<b>Signature</b>	<b>Date</b>

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