

Departmental Course Registration Approval

Session: 20____ to 20____

Regular: or Summer:

Surname: _____

First Name: _____

Student Number: _____

E-Mail Address: _____

Program: MSc PhD

Advisor: _____

Program start year: _____

Co-advisor: _____

Start term: Fall Winter Summer

Course Number	Name of Course	CRN number	Term

Students may only register for those courses approved by the Graduate Chair. The Department of Pharmacology & Therapeutics reserves the right to withdraw students from any courses that have not received prior approval. Only those courses that have been approved will be credited to your program.

Signature (Student)

Date

Signature (Student Advisor)

Date

Signature (Co-Advisor)

Date

Signature (Graduate Chair/Designate)

Date

For Office Use Only:

Copy to Student: Date: _____ By: _____

Block Removed: Date: _____ By: _____

Registration confirmed: Date: _____ By: _____