

## For M.Sc. STUDENTS

### Plant Science/Soil Science Graduate Student Registration Approval Form

NAME:

STUDENT #:

Add courses below (you do not have to add the CRN's to this form – you can find these in Aurora when you register) that you will take in **Fall 2022** and **Winter 2023**. You will register each year for **GRAD 7000** and **GRAD 7020** (already added below). Courses must be approved by your advisor prior to registering. You will be blocked from registering if your *Annual Progress Report* has not been submitted and processed.

Once [Martha.blouw@umanitoba.ca](mailto:Martha.blouw@umanitoba.ca) has processed this form, you will register yourself using Aurora: [https://aurora.umanitoba.ca/banprod/twbkwbis.P\\_GenMenu?name=homepage](https://aurora.umanitoba.ca/banprod/twbkwbis.P_GenMenu?name=homepage).

STUDENT STATUS: Full-Time      Part-Time      (If part-time, an additional form must be completed – See Martha)

Course Number	Lecture CRN  <i>Course Registration Number –found in AURORA</i>	Lab CRN  If applicable	Term	Course Name	Course Classification if Auxiliary, Audit, or Occasional  See <a href="https://catalog.umanitoba.ca/graduate-studies/registration-information/">https://catalog.umanitoba.ca/graduate-studies/registration-information/</a>
GRAD 7000	<b>10214</b>		Fall	Master's Thesis	
GRAD 7000	<b>50183</b>		Winter	Master's Thesis <i>If graduating in February, register for Fall term only</i>	
GRAD 7020	<b>10218</b>		Fall	Master's Re-registration	
GRAD 7020	<b>50187</b>		Winter	Master's Re-registration <i>If graduating in February, register for Fall term only</i>	

- Register for CONTINUING (CO) courses each September (include above).

Do you expect to graduate: February 2023 \_\_\_\_\_ May 2023 \_\_\_\_\_ October 2023 \_\_\_\_\_

Students wishing to register for courses which are offered by a department outside their department must get approval of the professor offering the course. Forward approval email to [Martha.Blouw@umanitoba.ca](mailto:Martha.Blouw@umanitoba.ca).

APPROVED: Student's Signature:

Date:

Advisor's Signature:

Date:

Please submit this form to [Martha.Blouw@umanitoba.ca](mailto:Martha.Blouw@umanitoba.ca)

DATE BLOCK REMOVED: