

Plant Science/Soil Science

Graduate Student Registration / Registration Revision Approval Form

Please refer to the online 2015-2016 University of Manitoba Graduate Calendar

NAME: _____ STUDENT #: _____ PROGRAM: M.Sc. or Ph.D.
(circle one)

SESSION: Fall: 20_____ (Year): Winter: 20_____ (Year)
Summer Session: 20_____ (Year)

Courses must be approved prior to students registering themselves online using *Aurora Student*. If not, student will be blocked from registration. Student will also be blocked from registering if their Annual Progress Report has not been submitted.

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

Course Number	Lecture CRN (Course Registration Number – can be found in <i>Aurora Student</i>)	Lab CRN – if applicable (Course Registration Number – can be found in <i>Aurora Student</i>)	Course Name	Term <u>Fall or Winter or Spanned</u> (both Fall & Winter)	Course Classification if Auxiliary, Audit, or Occasional (See SECTION 1: Application, Admission, and Registration Policies of the online 2015-2016 Graduate Calendar)
			THESIS *		

- *Master's students will register for **GRAD 7000 Master's Thesis** (spanned course – ie. both Fall and Winter terms) each year (include above). NOTE: Fall/Winter CRN (A02) is 10228.
- *Ph.D. students will register for **GRAD 8000 Doctoral Thesis** (spanned course– ie. both Fall and Winter terms) each year (include above). NOTE: Fall/Winter CRN (A02) is 10241.
- Register for CONTINUING (CO) courses each September (include above).
- Ph.D. Students: Register for the **GRAD 8010 Doctoral Candidacy Examination** for the term you intend to complete it in (include above).

Do you expect to graduate in: February 2016_____ May 2016_____ October 2016_____

Students wishing to register for courses which are offered by a department/unit outside their major department, must get approval of the offering department.

COURSE NUMBER: _____ APPROVAL OBTAINED (Prof signature): _____
COURSE NUMBER: _____ APPROVAL OBTAINED (Prof signature): _____

APPROVED: _____
Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Department Head's or Designate's Signature _____ Date _____

(DATE BLOCK REMOVED: _____)