

REQUEST FOR CONSENT TO TAKE UNDERGRADUATE COURSE

I hereby request approval to take the following course for which I am unable to register on BearTracks:

Course (eg. EDPY 200) _____

Section: Lec _____ Class Number (5 digits) _____

Section: Lab/Sem _____ Class Number (5 digits) _____

Term: Fall _____ Winter _____ Spring _____ Summer _____ Year: _____

Reason:

Student Name _____

Phone _____

U of A E-mail _____

U of A Student ID _____

Faculty of _____

Department _____

Year of Program _____

Student's Signature & ID

*By typing your name and student ID, you have created an electronic signature as legally binding as your handwritten signature.

Date _____

For Department Use

___ Approved ___ Not Approved

(Department Signature)

Comments:

Prerequisites Met: Yes No

Instructor Approval: Yes No
if needed

I understand that, if approved, I will be registered in this course by the Department of Educational Psychology, and that it is my responsibility to check BearTracks to ensure registration has been completed and is correct.

The information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act to determine eligibility for admission to a course or courses in the Department of Educational Psychology. Question regarding the collection or use or disposal of this information should be addressed to the FOIP Officer, Education Psychology, Faculty of Education, Room 6-102 Education North, University of Alberta, Edmonton, AB, T6G 2G5.