

## **AUTHORIZATION AND COURSE REGISTRATION**

STUDENT INFORMATION:			Student Number:												
First Name:  E-mail:  Home Campus: (Vancouver or Okanagan)			Last Name: Telephone: Home Graduate Program:												
								Please note that this form wi	II not be process	sed for students who hav	e outstanding fees.				
								Signature of Applicant:			Date (	yyyy/mm/dd):			
Courses to be Taken:				For De	partment	Use Only									
Department	Course #	Course Title		Credits	Term	Section	Catalogue								
		the sole authority for wai		n students regist host campus. N			iired.								
U-Pass fee. This form, do The student named above is it degree credit as a visiting stu British Columbia:  Host Campus:  Authorization Signature HOME CAMPUS:	uly signed, will be in good standing ident under the p	rovisions which have been	ving the tuition fees at the di) in a graduate degree pr agreed on between the O	e host campus. N ogram, and has kanagan campus period of	o other docur permission to s and Vancouv	nentation is requ take the courses ver campus of the	s listed above for								
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The completed form should be faxed to Enrolment Services in Vancouver for processing.