

This form will serve as the course offering, will confirm that the student has Department approval to register in course, and will be processed as the student's registration in the course. Applicable tuition and student fees will be charged to student's account.

**PART A - STUDENT/COURSE INFORMATION**

STUDENT NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_

DEPARTMENT/COURSE NUMBER &amp; TITLE: \_\_\_\_\_

TOPIC/PROJECT TITLE (if applicable): \_\_\_\_\_

INSTRUCTOR IN COURSE: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ DATE OF FINAL EXAM (if required): \_\_\_\_\_

ON-CAMPUS      OFF-CAMPUS      MATERIAL/SERVICE FEE? NO      YES      \$\_\_\_\_\_

**PART B – ADMINISTRATIVE APPROVAL**

SIGNATURE OF INSTRUCTOR(S)	DATE	SIGNATURE OF DEPARTMENT CHAIR(S)	DATE
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SIGNATURE OF GRADUATE STUDIES CHAIR/COORDINATOR (if applicable)	DATE	SIGNATURE OF DEAN	DATE
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**FOR FACULTY OFFICE USE ONLY**

ON LOAD: \_\_\_\_\_ OVERLOAD: \_\_\_\_\_ ADDED TO TEACHING LOAD ON: \_\_\_\_\_

COPIED TO INSTRUCTOR ON: \_\_\_\_\_ CONTRACT COMPLETED ON: \_\_\_\_\_

NOTES: \_\_\_\_\_

**PART C – STUDENT REGISTRATION**
**STUDENT REGISTRATION APPROVAL**

I understand that by signing this form that I am registering for the above course and responsible for tuition fee payment.

Name (please print)	Signature	Student #	Date
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In signing above, the student acknowledges having read and understood the ways in which personal information is collected and used at Brandon University, as described at [Personal Information Collection/Disclosures](#).

 Return completed form to Financial & Registration Services, 2<sup>nd</sup> Floor, Clark Hall, 270-18<sup>th</sup> Street, Brandon MB R7A 6A9  
 Phone: 204-727-9724 or 204-727-7313 Fax 204-726-4573 Email: [finreg@brandonu.ca](mailto:finreg@brandonu.ca)
**PART D – FINANCIAL & REGISTRATION SERVICES**
**FOR FINANCIAL & REGISTRATION SERVICES USE ONLY**

YEAR: \_\_\_\_\_ SESSION: \_\_\_\_\_ TERM: \_\_\_\_\_ SECTION: \_\_\_\_\_ COURSE TYPE: \_\_\_\_\_

MATERIAL FEE \$ \_\_\_\_\_ TRANSACTION TYPE \_\_\_\_\_ G/L CODE \_\_\_\_\_ AUTHORIZATION \_\_\_\_\_

 On-Campus  Off-Campus  GRADUATE: Yes  No 

CREATED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_