



UNIVERSITY OF SASKATCHEWAN

COLLEGE OF EDUCATION

Undergraduate Programs Office
3350 - 28 Campus Dr. Saskatoon, SK S7N 0X1
Ph: 306 (966-7654) Fax: 306 (966-7644)

PERMISSION REQUEST FORM FOR NON-SUNTEP STUDENT TO REGISTER IN "G" COURSE(S)

I _____, _____
Student Name Student Number

apply for permission to register in _____
Course Name/Number Section number CRN number

through SUNTEP (Prince Albert or Saskatoon) during 20____ Regular or Spring/Summer Session.

I have the prerequisite(s) to take the above named course(s).

Email Address: _____ Student Phone Number: _____

Student Signature Date

Student Address, including postal code

Approval: _____
SUNTEP DATE

EDUCATION DATE

SUNTEP WILL FORWARD THIS FORM TO THE COLLEGE OF EDUCATION FOR FINAL APPROVAL.
IF THE FEES ARE ATTACHED OR IF THEY HAVE BEEN AUTHORIZED THE COLLEGE WILL
FORWARD A COPY TO THE FOLLOWING:

Student
Student File
SUNTEP
Donna Scott - SESD