

## DEPARTMENT OF MATHEMATICS AND STATISTICS

PERMISSION TO ENROL AFTER THE LAST DAY TO USE ONLINE REGISTRATION AND BEFORE THE FINAL CUT OFF FOR REGISTERING WITHOUT PETITIONING.

**I hereby grant permission for the student noted below to register in my section of the course:**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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

EMAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

COURSE YOU WISH TO ENROL IN: \_\_\_\_\_ SECTION: \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_

INSTRUCTOR'S SIGNATURE: \_\_\_\_\_

**For Office Use Only**

PERMISSION MOUNTED – DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

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