

Instructor Permission to Register

Please complete this form and have the instructor of the course approve it
The **instructor** should forward this form to **Jocelyne Bégin** (jocelyne.begin@mcgill.ca)

Student Name	
Student Number	
Course Name	
Course Number	
CRN (if a specific section is required)	
Term and year (when the course is offered)	
Instructor	
Reason why can't register (prerequisite, capacity, instructor's approval, etc.)	