

## CHEMISTRY GRADUATE PRE-REGISTRATION APPROVAL FORM

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

STUDENT ID #: \_\_\_\_\_

STUDENT BROCK EMAIL: \_\_\_\_\_



ACADEMIC YEAR: \_\_\_\_\_

TERM: \_\_\_\_\_  
(Fall, Winter or Spring)

<u>Course</u>	<u>Number</u>	<u>Secondary Component (Lab Seminar)</u> (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Supervisor's signature subject to agreement of all committee members:

\_\_\_\_\_  
(supervisor's signature & date)

***\*Student MUST register to get paid!***



Student must register for course(s) via web.

Please email the signed form to the Graduate Program Coordinator:

egenkin@brocku.ca

Financial penalty for late registration applies.