

**DEPARTMENT OF BIOLOGICAL SCIENCES
APPROVAL FORM
FOR GRADUATE COURSE REGISTRATION**

The signature of the supervisor on this form indicates to the Graduate Program Director that the student and supervisor have discussed course options for the term and the supervisor is in agreement with courses listed below.

***This form does not replace the on-line registration, but is in addition to the on-line registration.**

STUDENT NAME: _____

STUDENT ID #: _____

STUDENT BROCK EMAIL: _____

YEAR: _____ **TERM:** Fall Winter Spring

Course Code	Course Name	Course for Audit	This course is Extra

SUPERVISOR'S APPROVAL: _____
Print Name
Signature

**Please submit the signed form to Graduate Program Director,
Centre for Biotechnology Office, MC F234**

FINANCIAL PENALTY FOR LATE REGISTRATION

Student **MUST** Register to Get Paid!

STUDENT MUST STILL REGISTER FOR COURSE(S) VIA WEB.