



To be completed by the Alberta BCom Student.

Name (last) _____ (first) _____ UofA ID _____

UofA email _____

I request permission to participate in:

BUEC 444	_____	(Study Tour to _____)
ICBC	_____	(BUS 490/491)
MIMC	_____	(MARK 490/491)
MARK 465	_____	Retailing Internship
FIN 436	_____	(PRIME)
BUS 480	_____	Special Projects Course

I _____ acknowledge that permission will only be granted if I am in good academic standing and the course requested fits my program requirements.

If I am accepted, I grant permission for the Undergraduate Office to register me into the course that corresponds to the activity I am participating in. I acknowledge that I will be responsible for the tuition and fees associated with the course, in addition to any other costs associated with the activity if applicable. (Completion of a course Add Form may also be requested.)

Signature _____ Date _____

To be completed by School of Business Advisor:

The above named student has permission to participate in

BUEC 444 _____ ICBC _____ MIMC _____ MARK 465 _____ FIN 436 _____ BUS 480 _____

Name _____ Position _____

Signature _____ Date _____

To be completed by Professor or Coordinator and returned to UG Office:

I _____ acknowledge that student has met the requirements (and deposit if applicable) needed to be registered in the above course.