

REQUEST FOR PERMISSION FOR CONCURRENT CURRICULUM

Students who wish to continue work toward a previous degree, certificate or diploma program, while being simultaneously registered in another program at the University of Manitoba must request permission for concurrent curriculum privileges.

APPLICATION DEADLINES: Applications should be received prior to the start of term. Applications received after this will be reviewed on a case-by-case basis.

INSTRUCTIONS FOR STUDENTS:

1. Complete **Section A** of this form.
2. Have **Section B** (on page 2 of this form) completed by the approving department for each program in which you plan to study at the same time.
3. **Submit** the form to the Faculty of Graduate Studies 500 University Centre University of Manitoba, Winnipeg MB R3T 2N2.

SECTION A: TO BE COMPLETED BY THE STUDENT

Last Name: _____ Given Name(s): _____ Student Number _____

Graduate Program: _____
(most recently admitted)

Secondary Program: _____
(secondary program you wish to complete)

I plan to begin my Concurrent Curriculum in: Fall 20_____ Winter 20_____ Summer 20_____

My signature certifies that ALL of the following are true:

1. I understand that I must seek permission from both programs before I can be granted privileges for concurrent curriculum.
2. I understand that I am responsible for payment of all applicable fees for both programs, and for notifying the Registrar's Office if fees are not assessed for both programs.

Student Signature _____ Date _____
(MM/DD/YYYY)

Notice Regarding Collection, Use and Disclosure of Personal Information by the University:

Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purpose of processing your Request for Permission for Concurrent Curriculum. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

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SECTION B: To be completed by both Faculty/School/Department offices and returned to the Faculty of Graduate Studies

Graduate Program (most recently admitted)

Faculty/School/Department: _____

Program: _____

Admit Term: _____

Expected date of graduation: _____

Dept. Head/Chair: _____

Date: _____

Secondary Program (secondary program you wish to complete)

Faculty/School/Department: _____

Program: _____

Admit Term _____

Expected date of graduation: _____

Dept. Head/Chair: _____

Date: _____

This student will begin their Concurrent Curriculum in:

Fall 20_____

Winter 20_____

Summer 20_____

Comments:

Approved by Dean of Grad Studies _____

Date _____

(MM/DD/YYYY)

Registrar's Office Use Only:

SGASTDN

SHADEGR

Fee Assessment

Graduating (Y/N):_____ Term 20_____ Degree:_____

Tracking Form and Student Records Updated

Date of Record Update:_____