

STUDENT INFORMATION	
Complete and submit this form once per registration period <u>after</u> receiving course registration confirmation.	
Last Name:	First Name:
Student #:	Location: <input type="checkbox"/> ACC <input type="checkbox"/> RRC <input type="checkbox"/> UCN

COURSE INFORMATION		
Course Code (e.g. EDUC-1090)	Course Name	Term

AUTHORIZED DESIGNATE

Forward this form to your authorized designate for approval. Forms received without the correct signature will be returned to student.

Assiniboine Community College
(Including Regional Centres)
Authorized Designate: Chair, Dean, or Director
Submit form to:
Centre for Learning and Innovation
(CLI) E-mail: cli@assiniboine.net

Red River College
Chair
or
Program/Regional Manager
or
Dean or Director

University College of the North
(Including Regional Centres)
Authorized Designate: Ann Barbour Stevenson, Manager of Academic Development
Submit form to:
E-mail: abarbourstevenson@ucn.ca

AUTHORIZED DESIGNATE APPROVAL		
I authorize waiver of registration course fees and confirm the Certificate in Adult Education is a requirement of this employee as per the Collective Agreement.		
_____	_____	_____
Designate Name (print)	Designate Signature	Title
_____	_____	
E-mail	Date (dd/mm/yy)	

SUBMIT COMPLETED/AUTHORIZED FORM TO:

Maryanne Venzon, Student Records Officer
Red River College
D105 – 2055 Notre Dame Ave, Winnipeg, MB R3H 0J9
E-mail: mvenzon@rrc.ca
Fax: 204-697-4738