

Registration Request

Please complete and return this form to the Director of Graduate Studies.

Student's name

Program M.A. M.A.C.D. Ph.D. non-degree
MPPF/DPPF approved not approved not applicable
Language requirement(s) fulfilled French German other not applicable

Semester

I request permission to register for:

- THEO 6999
- THEO 8999
- THEO
- THEO
- THEO

Advisor's name

Signature of Advisor

Date