



Cross Campus Registration Form

STEP 1: To be completed by Student (Note: Save form before filling out and printing)

Date:

Student Name:	Student Number:
Email Address:	Phone Number:
Program:	Home Campus: Kelowna <input type="checkbox"/> Vancouver <input type="checkbox"/>

This is to certify that the above-named student has been approved to complete the following course work towards his/her program.

SESSION	COURSE TO BE TAKEN	COURSE SECTION	REQUIREMENT SATISFIED

Course registration is subject to course availability. It is the students' responsibility to ensure that all prerequisite requirements are met.

The student will be contacted via email for registration confirmation.

STEP 2: To be completed by Program Advisor

Signature:

Faculty of Creative and Critical Studies

Print Name and Title:

Approval from the Associate Dean

Name (please print): _____

Associate Dean Signature: _____ Date: _____

***All requests for cross-campus registrations from **FCCS students** should be **sent directly to the Associate Dean**, office CCS 323 (regardless of what courses the student wants to register in).

*** Please note this form does not apply to Distance Education courses. Please consult with a Program Advisor.

Personal Information (“Information”) provided on this form is collected pursuant to section 26 of the Freedom of Information and Protection of Privacy Act (the “Act”), R.S.B.C. 1996, c.165 for the purpose of processing your request for a letter of permission. The information will be used and shared within UBC in accordance with the Act. Any questions regarding the collection of the Information may be directed to the Faculty of Creative and Critical Studies, lacia.vogel@ubc.ca.

SISC | Email Student/cc Prof SISC | Comments & Notes Dean’s Office Scan & Archive

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