PERMISSION TO PARTICIPATE FORM
BUEC 444, BUS 490/491, MARK 490/491, MARK 465, FIN 436, BUS 480

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.