

# Course Selection Form

Please rank, **in order of preference**, all courses that you are interested in taking (you must select at least 8).

Please sign below indicating that you give the International Programs Office permission to conduct initial registration on your behalf. Where possible, we will register you for your top listed choices. Should a course be cancelled or conflict with another course, we will then automatically register you for the next course on your list.

If you are visiting MUN through a Faculty of Business exchange agreement, it is recommended that you take all of your courses in the Faculty of Business Administration. However, taking courses with other faculties is possible. Please note that you are required to take at least 50% of your courses in the Faculty of Business Administration (e.g. 3 out of 5 courses must be from the Faculty of Business).

The course list will be available at [http://www.mun.ca/regoff/registration/course\\_offerings.php](http://www.mun.ca/regoff/registration/course_offerings.php). Generally for the fall semester this list is available mid-June, while for the winter semester the list is available mid-October.

**Please only choose courses that are listed on the website to be offered in during the semester you are attending Memorial University.**

Please return form via email ([victoria.greev@mun.ca](mailto:victoria.greev@mun.ca)) by the following deadlines:

Fall semester – June 20<sup>th</sup>

Winter semester – October 20<sup>th</sup>

**Please note:** all course selections must be approved by the International Programs Office. You are asked not to contact professors directly to get signed into courses. Failure to follow appropriate process may lead to you being removed from a course.

Name: \_\_\_\_\_ Home Institution: \_\_\_\_\_

Number of courses you are required to take by your home institution: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Name and title of home university official responsible for approving your course selection:

\_\_\_\_\_

Signature of university official: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please note: This form is not considered complete without student and university signatures.**

Course Preference (Rank)	Course ID Number (e.g. BUSI 3210)	Course Name (e.g. Consumer Behaviour)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Space permitting, it may be possible for you to change your registered courses. If you wish to do so, please notify our office as soon as possible as **there are deadlines for adding/dropping courses**.

*Memorial University protects your privacy and maintains the confidentiality of personal information. The information collected on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and will be used to by the International Programs Office for administrative purposes. If you have any questions concerning the collection and use of this personal information, please contact Victoria Greev at +1 709 864-4504.*