



UM Achieve: Exceptions Request Form

All areas of this form must be complete. Please allow three working days for processing. Please send the form to the Registrar's Office by e-mail: um.achieve@umanitoba.ca.

STUDENT INFORMATION:

Last Name(s): _____ First Name(s): _____

Student Number: _____ Faculty: _____

Program: _____ Major: _____

Academic Advisor Name: _____ Academic Advisor Phone Number: _____

COURSE INFORMATION:

Course Number : _____ Course Title: _____

Reason for Exception:

Credit Hour(s) Waiver

Grouped List Waiver

Duplicate Transfer Course(s) in the same term

Mutually Exclusive Waiver

Other: _____

Notes: _____

Date: _____ Authorized by: _____

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purpose of the exceptions request form. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act (FIPPA)*. If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

REGISTRAR'S OFFICE USE ONLY:

Analyst Name: _____ Signature: _____

Type of Exception Used : _____ Date Entered: _____

Notes: _____