

Nicola Valley Institute of Technology

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INSTRUCTOR PERMISSION TO REGISTER FORM

This form must accompany the Registration form if any of the situations below apply. Please complete all information. An incomplete form may cause delays in your registration, or you may be withdrawn from the course(s).

PERSONAL INFORMATION

Student Number: Student Name: _____

Mailing Address: _____ City: _____ Prov: _____

Postal Code: _____ Phone Number: _____

Email Address: _____

PERMISSION INFORMATION

The above student requires permission for the following reason(s):

- The following Prerequisite(s) are not completed: _____
- Registration after add/drop deadline
- Course schedule conflicts (both instructors must sign to indicate satisfactory attendance arrangements have been made)
- As an auditing student

An Instructor or Department Head may, in exceptional circumstances, grant permission to register.

If you believe this student has the ability to successfully complete the following course(s), please sign in the space(s) provided as the example.

Course Code	Number	Section	Course Title	Signature of Instructor/Department Head

Student Signature _____

Date _____