



REQUEST FOR CHANGE IN REGISTRATION

To be used for [Withdrawal](#) from a Session or for [Registering](#) in restricted courses.

Student Number		Program of Study	
Surname			
Given Name(s)		Date	
Contact Information	<i>Tel.</i>		<i>Email</i>

Course(s) to be DROPPED

Subject <i>i.e. PSYC</i>	Course No. <i>i.e. 1100</i>	Section <i>i.e. YC</i>	Instructor Information*	
			Name (Print)	Verification (Initial)**

Course(s) to be ADDED

Subject <i>i.e. PSYC</i>	Course No. <i>i.e. 1100</i>	Section <i>i.e. YC</i>	Instructor Information*	
			Name (Print)	Verification (Initial)**

<input type="checkbox"/> Overload	<input type="checkbox"/> Prerequisite	<input type="checkbox"/> Restricted
<input type="checkbox"/> Above Capacity / Closed	<input type="checkbox"/> Department Permission	<input type="checkbox"/> Dropping Last Course
<input type="checkbox"/> Other: <i>Please include comments</i>		

Course ADD / OVERLOAD Approval(s)

Chair / Director* Print Name:	Faculty Dean (If Overload) Print Name:
Signature**:	Signature**:

Student* Print Name:	Advisor (If Applicable) Print Name:
Signature:	Signature**:

* Important: All forms **must** be signed by the Instructor, Chair/Director, and Student.

** Emails may be attached in lieu of a physical signature.

For Office Use Only

Comments	Coded By	Date
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