



REQUEST FOR CHANGE IN REGISTRATION

To be used for withdrawal from a session or for registration in restricted courses

Student Number		Current Program of Study	
Surname			
Given Name(s)		Date	
Phone Number		Lakehead Email	

Course(s) to be DROPPED

Subject <i>i.e. PSYC</i>	Course No. <i>i.e. 1100</i>	Section <i>i.e. YA</i>	Course Title

Course(s) to be ADDED

Subject <i>i.e. PSYC</i>	Course No. <i>i.e. 1100</i>	Section <i>i.e. YA</i>	Course Title

Approval Required

<input type="checkbox"/> Overload (<i>Chair of program & Dean</i>)	<input type="checkbox"/> Prerequisite (<i>Chair of course subject</i>)	<input type="checkbox"/> Restricted (<i>Dependent on restriction</i>)
<input type="checkbox"/> Department Permission (<i>Chair of course subject</i>)	<input type="checkbox"/> Other	
If other, please explain		

Course ADD / OVERLOAD Approval(s)

CHAIR / DIRECTOR	FACULTY DEAN
Print Name	Print Name
Signature	Signature
STUDENT	
Print Name	
Signature	

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

For Office Use Only		
Comments:	Coded By:	Date: