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						Frogram of Sti	ady		
Given Name(s)						Date			
Contact Information Tel.						Email			
Course(s)	to be DE	OPP	FD						
Subject	No. Section			Instructor Information*					
		i.e. 1100		i.e. YC		Name (Print)		Verification (Initial)**	
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Course(s) t								· •	
Subject i.e. PSYC	Course No.		Section i.e. YC			Instructo Name (Print)	Mation* Verification (Initial)**		
						radino (i fint)		Verification (finitial)	
- Overlan	-I				D	.i.a.it.a		Do atriata d	
☐ Overload			٠ ـــا		Prerequ		☐ Restricted ☐ Dropping Last Course		
□ Above Capacity / Closed □ I □ Other: Please include comments				Departi	ment Permission	Propping Last Course			
U Other. P	iease include	e comme	ents						
Course AD	DD / OVE	ERLO	AD App	rova	ıl(s)	T			
Chair / Director* Print Name:						Faculty Dean (If Overload) Print Name:			
Signature**:						Signature**:			
Student*						Advisor (If Appli	abla\		
Print Name:						Advisor (If Applicable) Print Name:			
Signature:						Signature**:			
* Important: A ** Emails may	All forms m be attach	nust be	e signed b	y the nysica	Instructo I signato	or, Chair/Director, and sure.	Student	i.	
For Office Us	se Only								
Comments						Coded By		Date	

Personal information on this form is collected under the general authority of the Act Respecting Lakehead University and may be used to alter student registration. Any questions on this collection should be directed to: Enrolment Services, Lakehead University, 955 Oliver Road, Thunder Bay, Ontario Canada P7B 5E1; telephone: (807) 343-8675.