Lakeneau

UNIVERSITY

REQUEST FOR CHANGE IN REGISTRATION

To be used for Withdrawal from a Session or for Registering in restricted courses.

Student Number				Effective Date		
Surname				Today's Date		
Given Name				Return By		
Contact Informa	tion					
Current Program	of Study					
Course(s) to be I	DROPPED					
Subject	Course # Section		Instructor's Name (Print)		Instructor's Initials	
Course(s) to be		7				
Subject	Course # Section		Instructor's Name (Print)		Instructor's Initials	
				,		
			-			
Permission Comn	nents:					
C 111/0	1 1 1		~			
				Course Overload Approval		
Chair/Director			Faculty Dean			
74-146:		D . 4				
tudent Signature		Date	Ad	lvisor Signature	Date	
For Office Has On	ly Comme	ta	0	dod Dec	Dete	
or Office Use Only – Comments				ded By	Date	
				<u> </u>		

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: Registrar, Lakehead University, 955 Oliver Road, Thunder Bay, Ontario P7B 5E1; telephone: (807) 343-8675.