

REQUEST FOR CHANGE IN REGISTRATION

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

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|---------------------------|--|-----------------|--|
| Student Number: | | Effective Date: | |
| Surname: | | Today's Date: | |
| Given Name: | | Return By: | |
| Contact Information: | | | |
| Current Program of Study: | | | |

Course(s) to be DROPPED

| Subject | Course # | Section | Instructor's Name (Print) | Instructor's Initials |
|---------|----------|---------|---------------------------|-----------------------|
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Course(s) to be ADDED

| Subject | Course # | Section | Instructor's Name (Print) | Instructor's Initials |
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| Permission Comments: |
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Course Add/Overload Approval

Course Overload Approval

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| Student Signature | Date | Advisor Signature | Date |
|-------------------|------|-------------------|------|
| | | | |

| For Office Use Only – Comments | Coded By | Date |
|--------------------------------|----------|------|
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