Request for Change of Course/Program/Section

GEORGIAN
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IMPORTANT — PLEASE READ BEFORE COMPLETING THIS APPLICATION

This form is to be used when changing semesters, programs or timetables after the registration period has ended. Submission of this form does not guarantee approval or processing by the Office of the Registrar. It is the student's responsibility to verify that the changes have been made on Banner.

PLEASE PRINT — INCOMPLETE OR INCORRECT INFORMATION WILL CAUSE DELAYS IN PROCESSING

RETRIEVAL INFORMATION

☐ Ms ☐ Mr
☐ Miss ☐ Mrs

_____
Last Name **First Name** **Middle Name**

_____
Previous Name(s) (if applicable)

Student # _____ **Date of Birth** _____ **E-mail** _____
(required) YYYY/MM/DD

Current Mailing Address _____
Apt # Street Address City

_____
Province Country Postal Code **Daytime Telephone #**

Current Program _____
Program title Major Term (for example: Term 3, Fall 2010)

New Program _____
Program title Major Term

Action Code: A = Add WD = Withdraw

Action	CRN number	Course & subject number	Course name
Comments:			

Note: If transferring courses or programs, both co-ordinator's recommendations are required.
If transferring from or to a co-op program, recommendations from your co-ordinator and your co-op consultant are required.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: The information on this form is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1980, Chapter 272, S.S.; R.R.O. 1980 Regulation 640. The information is used for administration and statistical purposes of the College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. For further information, please contact the Registrar at the address and telephone number listed on this page.

I certify that the above information is true and complete. I have read and understand the Freedom of Information and Protection of Privacy Statement.

Requested: _____
Name of Student Signature of Student Date

Recommended: _____
Coordinator/Designate/Co-op Consultant (if applicable) Date

_____
Coordinator/Designate/Co-op Consultant (if applicable) Date

Approved: _____
Name of Registrar/Designate Signature of Registrar/Designate Date