



CHANGE OF ENROLMENT STATUS

Last Name: _____

First Name: _____

Program: _____

Student No: _____

Term: _____

Date: _____

Drop

Course	Number	Sect	Lab Sect	Reason

Course Withdrawal Yes No

Complete Program Withdrawal Yes No

Notes: _____

Add

Course	Number	Sect	Lab Sect	Dean's Signature Required after end of Add/Drop Period

Courses added after add/drop period will incur a late registration fee.

Change from Registered to Audit

Course	Number	Sect	Lab Sect	Instructor's Signature

Office Use Only

Refund % _____

Tuition Fees _____

Other _____

TOTAL _____

Notes:

Refund Approved by:

(Signature)

Student's Signature:

Entered by: _____
(Signature)

Date: _____