



Mission: To inspire lifelong learning and leadership through experience, excellence, and innovation.

Vision: Transforming the future through innovative learning.

Values: We value learner success, integrity, respect, community, excellence and innovation.

COURSE SELECTION CHANGE

Personal information on this form is collected under the authority of the Colleges Act and will be used to record student schedule changes. If you have any questions about the collection or use of this information, please contact the FOIP Coordinator.

Personal Information

Surname	First Name	Student ID
Program of Study		Year of Study Year 1 Year 2

Course Selection Change Information (see Academic Calendar deadline dates)

Course #	Section Code		Term Code	Add	Drop	Withdraw	Audit
	Lecture	Lab					

Comments: _____

Declaration: I understand that by dropping or withdrawing from courses I may be unable to complete my program of studies in the normal time period; that my status may change from full time to part time which would result in the cancellation of my student loan and/or make me ineligible for scholarships, awards or bursaries and/or the full time education credit for income tax purposes.

Student Signature

Date

Approval of Instructor(s)

Comments: _____

Signature(s)

Date

Approval of Chair of Student's Program or Academic Advisor

Comments: _____

Signature

Date

INSTRUCTIONS:

1. The student must obtain the approval of the appropriate instructor and Chair/Academic Advisor (according to Program Regulations).
2. The student retains the pink copy and the yellow copy is retained by the program chair.
3. White copy is forwarded to the Registrar's Office who will change the student's record.

STU 037/21