mohawk COLLEGE

Continuing Education Registration

Fax completed form to 905-575-2348

STUDENT CHANGE FORM

Student Number: | | | | | | | | | |

SECTION A (student to complete Section A)

Please print: ☐ Dr ☐ Mr ☐ Miss ☐ Mrs ☐ Ms

Surname _____ Given Name (in full) _____

Number and Street _____ Unit/Apt. _____

City _____ Province _____ Postal Code _____

SECTION B - Transfer Request

	CRN	Subject/Course code	Name of Course	Fee
Transfer To:				
Transfer From:				

(Please check) Term: ☐ Fall ☐ Winter ☐ Spring/Summer

Date Received _____ Clerk's Signature and Campus _____ Student's Signature _____

SECTION C - Refund/Withdrawal Request

	Term	CRN	Subject/Course code	Name of Course	Fee
1	☐F ☐W ☐S				
2	☐F ☐W ☐S				
3	☐F ☐W ☐S				

☐ Withdrawal Only
☐ Refund Request before start of second class

☐ Refund after start of second class

CE Associate Dean's Approval _____

Student's Signature _____

Date _____

Clerk's Signature _____

Date _____