

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

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

(Please check) Term: Fall
 Winter
 Spring/Summer

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

SECTION C - Refund/Withdrawal Request

1	Term <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> S	CRN	Subject/Course code	Name of Course	Fee
	<input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> S	CRN	Subject/Course code	Name of Course	Fee
2	Term <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> S	CRN	Subject/Course code	Name of Course	Fee
	<input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> S	CRN	Subject/Course code	Name of Course	Fee
3	Term <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> S	CRN	Subject/Course code	Name of Course	Fee
	<input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> S	CRN	Subject/Course code	Name of Course	Fee

- 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