Registration Change Form Request
(All requests must be discussed and supported by the academic unit before consideration will be given by Graduate Studies)

1. Date:____________________

2. Student Information:
   Name:____________________________________________  Student #: _______________
   Department:_______________________________________  Degree: _________________
   Email:___________________________________________  Funded:       Yes    No

3. Term: __________________

4. Type of Request & course information (subject to approval):

   □ Registration in:
   Course #__________ CRN__________ Course #__________ CRN__________
   Course #__________ CRN__________ Course #__________ CRN__________

   □ Withdrawal from:
   Course #__________ CRN__________ Course #__________ CRN__________
   Course #__________ CRN__________ Course #__________ CRN__________

   □ Waiver of late registration fees
   Rationale: □ Late Admission    □ Late Removal of Condition    □ Other: ______________________

   □ Withdrawal from thesis/research essay/project for refund purposes only
   (must be within refund period for program completion)

5. Reason for this request: (additional sheets may be attached):
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

   Student Signature________________________

   Authorized Departmental Signature:__________________________  Date: ______________________

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c. F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides expressed written consent. Should you have any questions concerning your personal information, please contact Joanne Bree, FIPPA representative for the Faculty of Graduate Studies Office (512 Tory Building, 613-520-2525). Carleton University is fully compliant with FIPPA and endeavors at all times to treat your personal information in accordance with this law.