



### 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: \_\_\_\_\_

FGSRO USE ONLY	
Request Approved:	
Request Denied:	Reason:
Data Entered:	Date: Charged to account:

*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.*