

**Faculty of Graduate and Postdoctoral Affairs
Registration Change Form**

(All requests must be discussed and supported by the academic unit)

1. **Date:** _____ Term of Admission: _____

2. Student Information:

Name: _____ Student #: _____

Department: _____ Degree: _____

Carleton Email: _____ Funded: Yes No

3. **Term:** _____

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

Registration in:
 Course # _____ CRN _____ Course # _____ CRN _____

Withdrawal from Program

Withdrawal from Course # _____ CRN _____
 Course # _____ CRN _____
 Course # _____ CRN _____

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

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

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

Student Signature _____

Authorized Departmental Signature: _____ Date: _____

FGPA USE ONLY (Index: **REG – Registration Change Form**)

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 express written consent. Should you have any questions concerning your personal information, please contact Joanne Bree, FIPPA representative for the Faculty of Graduate and Postdoctoral Affairs, 512 Tory Building, 613-520-2525. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law."