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."

Tel: 613-520-2525 Fax: 613-520-4049

http://gradstudents.carleton.ca/ Faculty of Graduate and Postdoctoral Affairs graduate_studies@carleton.ca

512 Tory Building