

Request for Course Add/Drop & Program Change

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| **PERSONAL INFORMATION** | | | |
| Student # | Date of birth (dd/mm/yyyy) | | Email |
| Last Name (Family Name) | | First name (Given Name) Middle Name | |
| Address | | Home phone | |
| City Province Postal Code | | Cell phone number | |
| Current Program/Course/Department | | | Year Semester |

**Sponsorship/Funding**:  **❑** OSAP **❑** Second Career **❑** WSIB **❑** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Change** | **Current Program/Section** | **Requested New Program/Section** |
| **❑** Program  **❑** Section  **❑** N/A |  |  |

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| --- | --- | --- | --- |
| **Course Change** | **Course Code** | **Course Title** | **CRN** |
| **❑** Add **❑** Drop |  |  |  |
| **❑** Add **❑** Drop |  |  |  |
| **❑** Add **❑** Drop |  |  |  |
| **❑** Add **❑** Drop |  |  |  |
| **❑** Add **❑** Drop |  |  |  |

**Ancillary Fee Waiver:**

Ancillary Fee Students with documented permanent disabilities who are registered with AccessAbility Services or verified through the Financial Aid Office (OSAP) are considered full-time students when they are registered in 40% of a full course load. Loyalist College’s registration process only assesses these students with part-time post-secondary day Student Ancillary Fees.

Do you have a documented permanent disability **❑** Yes **❑** No

*If yes, please select one option:*

**❑** I wish to self-declare and pay all fees as an option to receive the same benefits as full time students including the following. I understand that I need to pay the same Ancillary Fees as full time postsecondary day students and there would be no opt-outs.

* Use the Student Health Plan (including Prescription Drug Plan and Accident Insurance)/Participate on a varsity team

**❑** I wish to exercise my right not to pay all fees. I understand that I will **not** be eligible for the following:

* Use the Student Health Plan (including Prescription Drug Plan and Accident Insurance)/Participate on a varsity team

**Request Approval:**

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Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PDO/Advisor/Mentor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean/Designate Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes

**For Office Use Only:**

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Registrar/Designate Current Date Effective Date

Adjustment Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Aid: OSAP ❑ Y ❑ N Remit to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrolment Services: Student status **❑** FT **❑** PT Withdrawal Code \_\_\_\_\_\_\_\_ ESO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accounting: Refund $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AR Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_