

Request for Course Add/Drop

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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 | | International Student  **❑** No  **❑** Yes |
| City Province Postal Code | | Cell phone number | |
| Current Program/Course/Department | | | Year Semester | |

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

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

**Ancillary Fee Waiver:** 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.

Options: Please select one option and place your initials by the appropriate box.

**❑**  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

**Full Time Waiver:** To qualify as a full-time student, your course load must represent at least 70%, of the hours, of the courses required for the semester of the program in which you are enrolled.

**❑** I understand that because I have dropped from full-time to part-time day status, I am no longer 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

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Coordinator Date