

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 <input type="checkbox"/> No <input type="checkbox"/> Yes
City Province Postal Code		Cell phone number	
Current Program/Course/Department			Year Semester

Sponsorship/Funding: OSAP Second Career WSIB Indigenous Other: _____

Course Change	Course Code	Course Title	CRN
<input type="checkbox"/> Add <input type="checkbox"/> Drop			
<input type="checkbox"/> Add <input type="checkbox"/> Drop			
<input type="checkbox"/> Add <input type="checkbox"/> Drop			
<input type="checkbox"/> Add <input type="checkbox"/> Drop			
<input type="checkbox"/> Add <input type="checkbox"/> 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:

Student Signature

Date

Coordinator

Date

For Office Use Only:

Enrolment Services: Student status FT PT Withdrawal Code _____ ESO: _____

Adjustment Details: _____

Financial Aid: OSAP Y N Remit to: _____ FAO: _____

International: Y N _____ IRC: Y N _____

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