

## **Change of Course Registration**

This form should be used for auditing courses or registering in a course that is extra-to-program, full (overload required), or has a time conflict. This form can also be used to request a late add, drop, or withdrawal from a course within the given academic term. **All late requests are subject to review and approval is not guaranteed.** 

Last Name	First	Name Mid	ddle Name(s	s) UCID	Number	Degree		Graduate Pro	ogram	Special (if appli	lization cable)	
<ul> <li>Indicate whether you wish to ADD (A), DROP (D), or WITHDRAW (W) from a course.</li> <li>If adding, indicate if the course is EXTRA-TO-PROGRAM, or if you wish to AUDIT the course. Additional fees may be assessed. Instructor's initials indicating approval are required for overload of full courses. Both course instructors must initial to indicate approval for registration in courses with a time conflict.</li> <li>Late add requests, if approved, are subject to a \$60 late registration fee. Students are not permitted to participate in courses in which they are not registered beyond the fee payment deadline.</li> <li>Late drop requests will only be considered if the student has already withdrawn from the course through their online Student Centre. This request must also be accompanied by a memo from the course instructor detailing participation in the course.</li> <li>Indicate the term for the course: Fall (F), Winter (W), Spring (P), Summer (S).</li> </ul>												
Request	Term	Course (e.g. UNIV601)	l ec	.ab/ Aud	Extra-to-	Overload	Time Conflict	Addit	Only:	Only: ssessments		
(A, D, W)	(F, W, P, S)		No.	Tut. (Y/N	Degree (Y/N)	Instructo	rs' Initials	Tuition Different				
					(.,,				2			
Student Name (Printed)						nature			Date			
Supervisor Name (if applicable) (Printed)						Supervisor Signature (if applicable)					Date	
Graduate Program Director Name (Printed)						Graduate Program Director Signature					Date	
If course is external to student's graduate program or an undergraduate course:												
Graduate Program Director or Undergraduate Advisor Name (printed)						Graduate Program Director or Undergraduate Advisor Signature Date						
Facility of Conducts Challes Has Only												
Faculty of Graduate Studies Use Only								Date				
o Approved o Der												
Comments:												
Copy to Graduate Program     Update Peoplesoft												

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to respond to your change of registration request. This information will form part of the student record. Please direct any queries to the FOIP Advisor, Faculty of Graduate Studies, University of Calgary, Calgary, Alberta T2N 1N2. Telephone (403) 220-4938.