CENTENNIAL COLLEGE

Request for Academic Change DROP/ADD

CHANGE FOR ACADEMIC YEAR 20____ / ____ ☐ FALL SEMESTER ☐ WINTER SEMESTER ☐ SPRING/SUMMER SEMESTER 1

PLEASE NOTE:

Full-time Students

- Use this form to DROP or ADD a course only if you plan to remain in other courses. To withdraw from all courses, please complete a Program Withdrawal Form.
- To DROP and/or ADD courses, and to change course sections, complete this form in consultation with your academic advisor whose approval must be included in 3 and 4 below.
  Submit the completed form to Student Financial Services by the appropriate due date.
- Remember, reduction of the number of courses you are taking in a given semester may affect your eligibility for financial assistance and varsity teams or delay the date of your graduation. Please consult with the Student Financial Services office. If you are a varsity athlete/team member please also consult with the Manager of the Athletics department.

Continuing Education Students

- Use this form to drop and/or add a course, or to transfer from one Continuing Education course or section to another; your Academic Advisors' approval is not necessary.

PLEASE PRINT NAME ☐ MR. ☐ MRS. ☐ MS. ☐ MISS 2

_____

(Last Name) (First Name) (Middle Name)

STUDENT ID NO. ___| ___| ___| ___| ___| ___| ___| ___| ___|

I WISH TO DROP THE FOLLOWING COURSES (PLEASE CONSULT YOUR STUDENT TIMETABLE TO DETERMINE THE PROPER COURSE CODES). 3

Course Number (e.g. MATH 106)	Section Number (e.g. 110)	Academic Advisor's Approval	Course Number (e.g. MATH 106)	Section Number (e.g. 110)	Academic Advisor's Approval
1.			4.		
2.			5.		
3.			6.		

I WISH TO ADD THE FOLLOWING COURSES (KINDLY REVIEW THE MOST CURRENT COLLEGE CALENDAR OR YOUR PROGRAM'S GRADUATION REQUIREMENTS). 4

Course Number (e.g. MATH 106)	Section Number (e.g. 110)	Academic Advisor's Approval	Course Number (e.g. MATH 106)	Section Number (e.g. 110)	Academic Advisor's Approval
1.			4.		
2.			5.		
3.			6.		

PLEASE SIGN HERE! 5

I ACKNOWLEDGE THAT I AM ACADEMICALLY AND FINANCIALLY RESPONSIBLE FOR THE COURSES IN WHICH I AM ENROLLED, AND FOR THOSE I AM OPTING TO DROP. I ACCEPT THAT WHERE I OPT TO DROP A COURSE AFTER THE DEADLINE FOR PARTIAL REFUND OF FEES, I AM NOT ELIGIBLE FOR A FEE REFUND. IF I AM A FULL-TIME STUDENT, I ALSO ACKNOWLEDGE THAT I CONSULTED MY ACADEMIC ADVISOR REGARDING MY DROPPING AND/OR ADDING COURSES. I UNDERSTAND THAT THIS INFORMATION IS COLLECTED UNDER THE LEGAL AUTHORITY OF THE COLLEGES AND UNIVERSITIES ACT, R.S.O. 1980, C. 272, S. 5, R.R.O., REG. 640, AND IS USED BY THE COLLEGE FOR PROCESSING ACADEMIC CHANGES. INQUIRIES ABOUT THIS AUTHORIZATION MAY BE DIRECTED TO ENROLMENT SERVICES, CENTENNIAL COLLEGE, P.O. BOX 631, STATION A, TORONTO, ON, CANADA M1K 5E9.

_____ _____

SIGNATURE DATE

FEES, BOOKS AND RELATED MATERIALS: 6

If your course fees included the cost of books or other materials which were issued by the Centennial College Bookstore, please have this section completed by Bookstore staff.

Books/Materials Returned ☐ YES ☐ NO

Confirmed by: _____

(Centennial College Bookstore staff)

FOR ENROLMENT SERVICES USE ONLY

DATE FORM RECEIVED: _____

ADMISSIONS REPRESENTATIVE: _____

RECOMMENDED REFUND OF: _____

RECORDS: _____