

# Program/Course Registration Change Form

Date: \_\_\_\_\_

Student Number:

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

Domestic

International

|           |            |
|-----------|------------|
| Last Name | First Name |
|-----------|------------|

**Complete This Section to: Add, Drop or Audit a course**

| COURSE CODE & NUMBER | SECTION    | ADD      | DROP | AUDIT                               | SIGNATURE OF INSTRUCTOR     |
|----------------------|------------|----------|------|-------------------------------------|-----------------------------|
| <i>ex. ENGL 110</i>  | <i>CO1</i> | <i>x</i> |      |                                     | <i>Instructor signature</i> |
|                      |            |          |      |                                     |                             |
|                      |            |          |      |                                     |                             |
|                      |            |          |      |                                     |                             |
|                      |            |          |      |                                     |                             |
| Student Signature:   |            |          |      | Counsellor:<br><i>(recommended)</i> |                             |

**Complete This Section to: Withdraw from a Program**

Program: \_\_\_\_\_

School Chair: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Counsellor: (recommended) \_\_\_\_\_

1. Please indicate your main reasons for withdrawing. *(Please choose all that apply).*

**Academic**

- Heavy course load
- Program/course was not for me
- Was not academically prepared
- Program/course was too difficult
- Schedule did not meet my needs
- Quality of program/course
- I was required to withdraw
- Other \_\_\_\_\_

**Personal**

- My Health
- Work obligations
- Family/personal obligations
- Just need to take a break
- Lack of personal motivation
- Lack of finances
- Want to change program/course(s)
- Other \_\_\_\_\_

2. Did you contact Selkirk's support services to discuss your situation before withdrawing?  
(e.g. Counseling, Financial Aid, Disability Services, Aboriginal Services, Learning Success Centre)

Yes

No

Comments: \_\_\_\_\_

*Received by  
Records Department*

  
  

per: \_\_\_\_\_