

COURSE REGISTRATION CHANGE FORM

INSTRUCTIONS FOR REQUESTING A LATE COURSE REGISTRATION

FOR DOMESTIC AND INTERNATIONAL STUDENTS

1. Fill in the Student Information section and then take this form to the instructor of the course you wish to enrol in to discuss student risks and responsibilities of late registration.
2. Please deliver the completed form to your enrolment officer within one business day of the final signature (instructor or counsellor).

FOR INSTRUCTORS

1. Once you have been in contact with the student and have discussed the risks and responsibilities of a late registration, sign and date the form.
2. Return the form to student and advise them to seek out the school chair.

FOR SCHOOL CHAIR

3. Please sign the school chair section of this form if you agree to the student's enrolment. Return the form to the student.

INSTRUCTIONS FOR REQUESTING A LATE COURSE WITHDRAWAL

FOR DOMESTIC AND INTERNATIONAL STUDENTS

1. Fill in the Student Information section and then take this form to the instructor of the course you wish to withdraw to obtain their signature. If the instructor is not available, a counsellor may sign in their absence.
2. Please deliver the completed form to your enrolment officer within one business day of the final signature (instructor or counsellor).



COURSE REGISTRATION CHANGE FORM

Use this form to register for a course during the second week of the semester, or to drop a course until the last eligible day to withdraw in the semester. Back side of this form has complete instructions. See important dates on **selkirk.ca**.

Form MUST be filled out using Adobe Acrobat. Do not use Apple Preview.

STUDENT INFORMATION

SELKIRK COLLEGE STUDENT ID

☐

DOMESTIC

☐

INTERNATIONAL

☐

STUDENT LOAN

Legal First Name:

Legal Last Name:

ADD A COURSE

Course Code & Number	Section	Add	Instructor Signature
e.g., ENGL 110	Co1	X	

Note for Instructors: By signing above you are agreeing that you have been in contact with the student regarding the risks and responsibilities of a late registration for the courses listed above. Registration into this course will be determined by the school chair.

I grant permission for this student to register in the courses above. Please increase the current class size in SRS if required.

SCHOOL CHAIR NAME

SCHOOL CHAIR SIGNATURE

DATE SIGNED

DROP A COURSE

Course Code & Number	Section	Drop	Instructor Signature (Counsellor can sign if Instructor is absent)
e.g., ENGL 110	Co1	X	

REASONS FOR WITHDRAWING (CHOOSE ALL THAT APPLY)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Heavy course load | <input type="checkbox"/> Schedule did not meet my needs | <input type="checkbox"/> Work obligations | <input type="checkbox"/> Lack of finances |
| <input type="checkbox"/> Course was not for me | <input type="checkbox"/> The quality of the course | <input type="checkbox"/> Family/personal obligations | <input type="checkbox"/> Change of program/course |
| <input type="checkbox"/> Not academically prepared | <input type="checkbox"/> I was required to withdraw | <input type="checkbox"/> I just need a break | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Too difficult for me | <input type="checkbox"/> My health | <input type="checkbox"/> Lack of personal motivation | _____ |

By signing below, I am authorizing all changes identified on this form and I understand that I am responsible for any additional fees resulting from these changes.

STUDENT SIGNATURE

DATE SIGNED