BRANDON UNIVERSITY

270–18TH STREET, BRANDON, MANITOBA R7A 6A9 204-727-9735 FAX 204-726-4573

REGISTRATION CHANGE FORM

Name

Student No.

Please do not write in this area

Current Address (same as Permanent) YES ☐ NO ☐

City Province

Postal Code Telephone No.

Session
Regular ☐
Spring ☐
Summer ☐

Year/Session

Student Status
Regular ☐
Mature ☐
Probation ☐
Auditor ☐
Visitor ☐
No Credit ☐
Senior ☐
Good Standing ☐
Transfer ☐

Degree Program

B.A. 3	11	B.A./B.Ed. (AD) Int	16 17	M.Sc. Enviro Life	IM	B.Mus. 4 (Spec.)	P	B.Nursing	BN
B.A. 4	12	R.D. Grad Dip	RD	B.Phys. Ed. St.	BP	B.Mus. 4 (Hon.)	18	B.Sc. P.N.	O
B.A. 4 (Hon.)	22	M.R.D.	MR	B.Ed. (AD)	J	B.Mus. 4 (Per.)	19	B.Sc. M.H.	U
B.B.A.	#	B.Sc. 3	13	Pre-Grad (Educ)	PE	B.Mus./B.Ed. (AD)	W	M.Psych Nrsng	MP
B.B.A. (Hon.)	#2	B.Sc. 4	14	Grad Dip. (Educ)	V	M.Mus.	D	Nil	Z
B.Fine Arts	41	B.Sc. 4 (Hon.)	32	M.Ed. 1	Q1	Pre-Nrsng	PN		
B.Fine Arts (Hon.)	42	B.Sc. 4 Enviro Sci	40	B.Mus. 4	8	Pre-Psych Nrsng	PP		

Degree Change (may require the Dean's signature)
From: _____ To: _____

Major Change (if applicable)
From: _____ To: _____

Minor Change (if applicable)
From: _____ To: _____

COURSE CHANGE INFORMATION

COURSES ADDED

Dept. #	Course #	Section	Course Title	Term	Slot

COURSES DROPPED

Dept. #	Course #	Section	Course Title	Term	Slot

* A change of registration fee will be charged after the first two change forms.
* Refunds for courses dropped after commencement of classes will be prorated.
* Courses added or dropped after the approved date requires the instructor's and the Dean's written approval.

CHECK IF COMPLETE WITHDRAWAL FROM ALL COURSES ☐

Student's Signature _____ **Date:** _____

FOR FACULTY USE ONLY

Please **check** the box for which Faculty Approval is for:

1. ☐ Courses added outside approved dates. (Tuition must be paid at time of registration)
2. ☐ Courses dropped outside approved dates. AW (Authorized Withdrawal) assigned.
3. ☐ Individual cap raise for course # _____

Instructor's Signature _____ **Dean's Signature** _____

Date: _____ Date: _____

Further Comments if required: _____

BU-R006 03/08

The personal information is being collected under the authority of the Brandon University Act and it will be used for the purpose of registration, student records and other decisions on your academic status. It may be provided to the relevant students' society and alumni association. It may also be used for research purposes, but in those cases, individual names will not be disclosed. It is protected by the Protection and Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the FIPPA Coordinator's office, 204-727-9723, Brandon University, Administration & Finance, Office of the Vice-President (Administration & Finance), 270–18th Street, Brandon, MB R7A 6A9.

Leech Printing 253787