



BRANDON UNIVERSITY REGISTRATION FORM

Last Name	Student Number
First Name (s)	
Former Last Name (if applicable)	
Current Mailing Address	
City/Town	Province
Postal Code	Phone Number
Birthdate	Social Insurance No. (for tax receipt purposes)
Current Degree Program	

For Office use only: Regular Mature Transfer Visitor
 Probation Auditor Dual Credit
 Rec'd by: _____ Ent'd by: _____ Last Reg Session: _____

Session (check one): <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Regular (Fall/Winter)
Academic Year:
Are you sponsored by an Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name:
Do you identify as a Canadian Indigenous person? (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Non-Status <input type="checkbox"/> Unspecified Group

Courses/Labs Added					
Dept	Course	Sect	Lab	Title	Term

Courses/Labs Dropped					
Dept	Course	Sect	Lab	Title	Term

It is the student's responsibility to ensure that all prerequisite, major/minor, degree & graduation requirements are met. Another person may not complete a registration on behalf of student. Refunds for courses dropped after commencement of classes will be pro-rated. Courses added/dropped after approved dates and/or individual cap raises require three signatures as below.

Check if Complete Withdrawal from all courses

I certify that all information is correct, complete and true. I acknowledge that I have read, understand and agree to the use of my personal information as described under [Personal Information Collection and Disclosures](#).

Student's Signature: _____ Date: _____

For Internal Use Only

Check all that apply: Course(s) added outside approved dates (tuition must be paid with registration)
 Course(s) dropped outside approved dates – Authorized Withdrawal (AW) assigned
 Individual cap raise for course # _____
 Overload approved for Term One Term Two (requires Dean's approval only)

Instructor's Signature: _____ Date: _____
 Chair's Signature: _____ Date: _____
 Dean's Signature: _____ Date: _____

Advisor Approval (if applicable)

 Signature _____ Date _____

Departmental Approval (if applicable)
 [Health Studies, Education, Music, MRD, PENT, etc.]

 Signature _____ Date _____