



COURSE REGISTRATION/WITHDRAWAL FORM

(This form is to be used to register for course(s) after web registration closes)

Definitions of FT & PT status are found at: <http://www.brocku.ca/gradstudies/>
 Full-time students studying off-campus must complete an APPLICATION FOR FULL-TIME STUDY OFF CAMPUS form found at: <http://www.brocku.ca/gradstudies/current/forms>

Student I.D. Number: _____

Surname/Family Name: _____ First Name: _____

Current Address: _____ City: _____

Province/State: _____ Postal Code: _____ Telephone: _____

Graduate Program: _____ Degree: _____

Brock Email Address: _____

Status in Canada: Canadian Citizen Permanent Resident (Landed Immigrant) Student Visa Other Visa

- Please list the courses you wish to register/withdraw/extra/audit in this term: (SP) Spring (SU) Summer (MED only) (FA) Fall (WI) Winter
- Sign and date at the bottom of the form upon completion.
- Have your form approved by your Graduate Program Director.
- Return the form to Graduate Studies. Extra courses are courses that are not to be used for credit towards degree.
- Full-time students studying off-campus (longer than 4 weeks) require approval: <http://www.brocku.ca/graduate-studies/current-students/student-forms>
- For students requesting registration in a graduate course offered outside your graduate program, this form must be signed by the Graduate Program Director in your current graduate program and also obtain the signature of the Graduate Program Director in the graduate program offering the course you wish to register in.
- For students requesting registration in an undergraduate course, this form must be signed by the Graduate Program Director of your current graduate program and the signature of the instructor of the undergraduate course you wish to register in.

COURSE ADD/WITHDRAWAL/EXTRA/AUDIT

ACADEMIC YEAR				SUBJECT				COURSE NO.				SESSION ✓				DUR	SEC	COURSE REQUEST					
SAMPLE LINE																							
2	0	0	7	B	I	O	L	5	P	2	0	F	W	S	S	0	2	0	1	A D D ✓	W I T H D R A W ✓	E X T R A ✓	E A U D I T ✓

Your Graduate Supervisor (if applicable) and your Graduate Program Director must sign this form or you will not be registered for your selections.
 MASTER OF EDUCATION students do NOT require their Supervisor or Graduate Program Director signatures.

Note: Your signature on this form is confirmation of the courses included above and certifies that all information is correct, including any declaration of citizenship and status in Canada.

Student Signature: _____ Date: _____

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services. Questions about this collection should be addressed to the Director, Graduate Studies, Brock University, St. Catharines, Ontario, L2S 3A1, 905-688-5550.

Supervisor Signature (current graduate program): _____ Date: _____

Graduate Program Director (current graduate program): _____ Date: _____

Graduate Program Director (as per #6 above): _____ Date: _____

Instructor of Undergraduate Course (as per #7 above): _____ Date: _____