

MODIFICATION / CANCELLATION OF REGISTRATION (GRADUATE STUDIES)

- DO NOT WRITE IN SHADED AREAS.

STUDENT IDENTIFICATION			
SURNAME	GIVEN NAMES	STUDENT NUMBER	
EMAIL	ACADEMIC UNIT / DISCIPLINE	DIPLOMA	MASTER'S
THIS REQUEST APPLIES TO THE FOLLOWING SESSION:		PH.D.	
FALL	WINTER	SPRING	SUMMER
			YEAR

	CURRENT DATA	NEW DATA
ACADEMIC UNIT ▷		
DEGREE SOUGHT (PROGRAM OF STUDIES) ▷		
CLASSIFICATION ▷	FULL-TIME PART-TIME	I WILL STUDY FULL-TIME. DECLARATION: I AM AWARE THAT ANY ABSENCE FROM CAMPUS EXCEEDING FOUR WEEKS REQUIRES PRIOR APPROVAL FROM MY ACADEMIC UNIT AND MY THESIS SUPERVISOR. I WILL STUDY PART-TIME.
CAMPUS ▷		

COURSES TO BE DROPPED										COURSES TO BE ADDED													
										N.B: REGISTRATION IN COURSES IS NOT OFFICIAL UNTIL APPROVED BY THE GRADUATE STUDIES OFFICE OF YOUR FACULTY													
COURSE CODE							SECTION	ATTENDANCE	FOR ACADEMIC UNIT USE ONLY			COURSE CODE							SECTION	ATTENDANCE	FOR ACADEMIC UNIT USE ONLY		
ALPHA			NUMERICAL									ALPHA			NUMERICAL								
1	2	3	4	5	6	7	8	9		1	2	3	4	5	6	7	8	9					

CRE - COURSE FOR CREDIT AUD - AUDITOR

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE AND I AM AWARE THAT THE RIGHT TO A REFUND IS GOVERNED BY GRADUATE REGULATIONS.

_____ DATE _____ SIGNATURE (STUDENT)

WITHDRAWAL FROM PROGRAM				
VOLUNTARY ▷	ILLNESS	FINANCIAL DIFFICULTIES	CHANGE OF DIRECTION	PERSONAL REASONS
WITHDRAWAL EFFECTIVE ON ▷	_____ <small>YEAR MONTH DAY</small>		AT REQUEST OF THE ACADEMIC UNIT	AT REQUEST OF THE UNIVERSITY

INTERRUPTION OF STUDIES

PLEASE CONSULT THE REGISTRATION REQUIREMENTS SECTION OF THE GENERAL REGULATIONS OF THE FACULTY OF GRADUATE AND POSTDOCTORAL STUDIES.

FOR ADMINISTRATIVE USE ONLY			
APPROVAL OF THE ACADEMIC UNIT ▷	NAME (PRINT) _____	DATE _____	SIGNATURE _____
APPROVAL OF THE GRADUATE STUDIES OFFICE ▷	NAME (PRINT) _____	DATE _____	SIGNATURE _____

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