

I.D. # _____ DATE: Day / Month / Year
 FAMILY NAME(S) _____

GIVEN NAME(S) _____

PROGRAMME (Engineering Students Only)

- M. Eng: (Course option) Name of Program Visiting
- M.A.Sc. (Thesis option) (i.e. QSE, ISS) Independent
- Ph.D. _____
- Certificate _____

APPROVAL

Thesis Supervisor - please print and sign (for M.A.Sc. or Ph.D. only) _____

GPD or chair - please print and sign _____

Authorized Departmental Advisor - please print and sign _____

I authorized a representative of the department to make the above listed changes.

Student signature

Student's E-mail Address: _____

COURSE SELECTION – Enter all Appropriate Course Information (refer to the graduate schedule and registration information booklet)

| | | | |
|----------------------------|----------------|--------------------|----------------|
| COURSE CODE (i.e. ENGR) | COURSE NUMBERS | TERM (1,2 /3,4) | SECTION (s) |
|----------------------------|----------------|--------------------|----------------|

ADD

| | | | |
|---------|---------|---------|---------|
| _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ |
| _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ |
| _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ |
| _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ |

DROP

| | | | |
|---------|---------|---------|---------|
| _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ |
| _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ |
| _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ |
| _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ |

AUDIT

| | | | |
|---------|---------|---------|---------|
| _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ |
| _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ |

AUDIT to CREDIT

| | | | |
|---------|---------|---------|---------|
| _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ |
| _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ |

CREDIT to AUDIT

| | | | |
|---------|---------|---------|---------|
| _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ |
| _ _ _ _ | _ _ _ _ | _ _ _ _ | _ _ _ _ |