MODIFIED REGISTRATION FORM

Confederation
C O L L E G E

Purpose of this form:
1. Grant a student permission to study a full time program part-time.
2. To create an individual learning plan for a student due to personal circumstances/academic standing.

Process:
- Student meets with the Program Coordinator or designate to obtain permission to register into the program either full time or part time
- Courses are approved by the Academic Support Officer/Regional Campus Support (to ensure sufficient resources) **CRNs must be identified on this form in order for it to be processed.**
- Student then submits this form to the **Information Hub or Regional Campus** to complete registration and make payment
  Please note - Academic Support Officer signature not required for dropping courses

<u>Fees are due at the time of registration</u>

Student Name:		Student #:	
Program:			
Term *(ex. Fall 2020)*		Semester:	1 2 3 4 5 6

ADD Courses		DROP Courses	
Course Code *ex. CS 007*	**Course Reference # (CRN)** *ex. 13255*	**Course Code** *ex. CS 007*	**Course Reference # (CRN)** *ex. 13255*

REQUIRED SIGNATURES

	NAME	SIGNATURE	DATE
Program Coordinator			
Academic Support Officer			
Student			