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## REQUEST FOR MODIFIED PROGRAM REGISTRATION



**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 (to ensure sufficient resources)  
**CRNs must be identified on this form in order for it to be processed.**
- Student then brings this form to the **Information Hub** to complete registration and make payment

**Note: Fees are due at the time of registration**

**Student Name** \_\_\_\_\_

**Student #** \_\_\_\_\_ **Term** (e.g. 201608) \_\_\_\_\_

**Program** \_\_\_\_\_ **Semester** \_\_\_\_\_

**Course Code and Section** (e.g. CS007 Y01)

**Course Reference Number (CRN)**

Course Code and Section (e.g. CS007 Y01)	Course Reference Number (CRN)

**REQUIRED SIGNATURES**

Coordinator/Designate \_\_\_\_\_ DATE \_\_\_\_\_

Academic Support Officer \_\_\_\_\_ DATE \_\_\_\_\_

Student \_\_\_\_\_ DATE \_\_\_\_\_