

**Purpose of this form**:

1. Grant a student permission to study a full time program part-time (ADD Courses)

2. To create an individual learning plan for a student due to personal circumstances/academic standing (ADD Courses)

3. To drop courses from the timetable (DROP Courses)

**Process for ADDING Courses:**

* Student speaks with the Program Coordinator, Student Success Advisor 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 or Program Coordinator (or designate) submits the form to [registrationservices@confederationcollege.ca](mailto:registrationservices@confederationcollege.ca)

**Process for DROPPING Courses:**

* Student speaks with the Program Coordinator, Student Success Advisor or designate to discuss dropping the class(es)
* Student or Program Coordinator (or designate) submits the form to [registrationservices@confederationcollege.ca](mailto:registrationservices@confederationcollege.ca)   
  (Academic Support Officer permission/signature not required)

For information on Course Registration and Withdrawal Deadlines please refer to the Academic Calendar  [www.confederationcollege.ca/registration-services/academic-dates-calendar](http://www.confederationcollege.ca/registration-services/academic-dates-calendar)

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| **Student Name:** |  | **Student #:** |  |
| **Program:** |  | | |
| **Term** *(ex. Fall 2020)* |  | **Semester:** |  |

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

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| --- | --- | --- | --- |
|  | **NAME** | **SIGNATURE** | **DATE** |
| **Program Coordinator/ Student Success Advisor** |  |  |  |
| **Academic Support Officer** |  |  |  |
| **Student** |  |  |  |