



REQUEST FOR A COURSE CHANGE

(To be returned to office 310)

To be filled out and returned to the registrar's office (310) or by email to registrar@dominicanu.ca

Session

- Fall
- Winter
- Summer

Remarks

- AW: Authorized withdrawal
- WL: Withdrawal
- FA: Failure due to absence
- EQ: Equivalence

STUDENT'S NAME: _____

TO BE DELETED

CODE	TITLE	CR	TU	AU	REM

TO BE ADDED

CODE	TITLE	CR	TU	AU	REM

Student's signature

Dean's signature

Date: _____