

**MODIFICATION / CANCELLATION OF REGISTRATION (GRADUATE STUDIES)**

- DO NOT WRITE IN SHADED AREAS.

STUDENT IDENTIFICATION			
SURNAME <b>Wxyz</b>	GIVEN NAMES <b>Abcde</b>	STUDENT NUMBER 1   2   3   4   5   6   7	
EMAIL <b>abcde001@uOttawa.ca</b>	ACADEMIC UNIT / DISCIPLINE <b>Graduate School of Public and International Affairs</b>	<input type="checkbox"/> DIPLOMA <input checked="" type="checkbox"/> MASTER'S <input type="checkbox"/> PH.D.	
THIS REQUEST APPLIES TO THE FOLLOWING SESSION: <input checked="" type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER    YEAR <b>20XX</b>			

	CURRENT DATA	NEW DATA
ACADEMIC UNIT ▷	Public and International Affairs	
DEGREE SOUGHT (PROGRAM OF STUDIES) ▷	MA in Public and International Affairs	
CLASSIFICATION ▷	<input checked="" type="checkbox"/> FULL-TIME  <input type="checkbox"/> PART-TIME	<input type="checkbox"/> I WILL STUDY FULL-TIME. <small>DECLARATION: I AM AWARE THAT ANY ABSENCE FROM CAMPUS EXCEEDING FOUR WEEKS REQUIRES PRIOR APPROVAL FROM MY ACADEMIC UNIT AND MY THESIS SUPERVISOR.</small>  <input type="checkbox"/> I WILL STUDY PART-TIME.
CAMPUS ▷	Ottawa	

COURSES TO BE DROPPED										COURSES TO BE ADDED									
										N.B.: REGISTRATION IN COURSES IS NOT OFFICIAL UNTIL APPROVED BY THE GRADUATE STUDIES OFFICE OF YOUR FACULTY									
COURSE CODE							SECTION	ATTENDANCE	FOR ACADEMIC UNIT USE ONLY	COURSE CODE							SECTION	ATTENDANCE	FOR ACADEMIC UNIT USE ONLY
1	2	3	4	5	6	7	8	9		1	2	3	4	5	6	7	8	9	
A	P	I	5	1	0	5	A			T	R	F	1	0	0	0			
A	P	I	5	1	2	5	B												
A	P	I	5	1	3	6	A												

CRE - COURSE FOR CREDIT    AUD - AUDITOR

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE AND I AM AWARE THAT THE RIGHT TO A REFUND IS GOVERNED BY GRADUATE REGULATIONS.

2017-12-15  
DATE

*[Signature]*  
SIGNATURE (STUDENT)

**WITHDRAWAL FROM PROGRAM**

VOLUNTARY     ILLNESS     FINANCIAL DIFFICULTIES     CHANGE OF DIRECTION     PERSONAL REASONS

WITHDRAWAL EFFECTIVE ON:     AT REQUEST OF THE ACADEMIC UNIT     AT REQUEST OF THE UNIVERSITY

**INTERRUPTION OF STUDIES**

PLEASE CONSULT THE REGISTRATION REQUIREMENTS SECTION OF THE GENERAL REGULATIONS OF THE FACULTY OF GRADUATE AND POSTDOCTORAL STUDIES.

**FOR ADMINISTRATIVE USE ONLY**

APPROVAL OF THE ACADEMIC UNIT:    \_\_\_\_\_    NAME (PRINT)    \_\_\_\_\_    DATE    \_\_\_\_\_    SIGNATURE

APPROVAL OF THE GRADUATE STUDIES OFFICE:    \_\_\_\_\_    NAME (PRINT)    \_\_\_\_\_    DATE    \_\_\_\_\_    SIGNATURE

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