

**MODIFICATION / CANCELLATION OF ENROLMENT
(UNDERGRADUATE STUDIES)**

- IN ORDER TO EXPEDITE THE PROCESSING OF ANY APPLICABLE REFUNDS, PLEASE PROVIDE COMPLETE AND ACCURATE DATA AND SIGN THE FORM.
- DO NOT WRITE IN SHADED AREAS.

THIS REQUEST APPLIES TO THE FOLLOWING TERM FALL WINTER SPRING/SUMMER SUMMER

YEAR _____ STUDENT NO. 1 2 3 4 5 6 7

LAST NAME Wxyz	FIRST NAME Abcde	MIDDLE NAME
E-MAIL abcd001 @uOttawa.ca		

	CURRENT DATA	NEW DATA
FACULTY	Social Sciences	
DEPARTMENT	Political Science	
DEGREE SOUGHT (PROGRAM OF STUDIES)	Bac. of Soc. Sci. with Specialization in Political Science	
CLASSIFICATION	<input checked="" type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
CAMPUS	Ottawa	


COURSES TO BE DROPPED											REGISTRATION CONDITIONS	COURSES TO BE ADDED																					
COURSE CODE							SECTION	LABORATORY (LAB)	DISCUSSION GROUP (DGD)	AUDITOR (AUD)	REP. (✓)	FOR FACULTY USE ONLY	<input type="checkbox"/> YES <input type="checkbox"/> NO	COURSE CODE							SECTION	LABORATORY (LAB)	DISCUSSION GROUP (DGD)	AUDITOR (AUD)	REP. (✓)	FOR FACULTY USE ONLY							
LETTERS	NUMBERS													LETTERS	NUMBERS																		
1	2	3	4	5	6	7	8	9	10	11		1	2	3	4	5	6	7	8	9	10	11											
A	B	C	1	2	3	4							<input type="checkbox"/>	A	B	C	1	2	3	4													
P	O	L	3	0	1	2	A						<input type="checkbox"/>	T	R	F	1	0	0	0													
P	O	L	3	1	1	1	B						<input type="checkbox"/>																				
P	O	L	3	1	5	6	A						<input type="checkbox"/>																				
P	O	L	3	1	4	5	B						<input type="checkbox"/>																				
P	O	L	2	1	0	5	A						<input type="checkbox"/>																				
P	O	L	3	1	1	4	B						<input type="checkbox"/>																				
P	O	L	3	1	7	9	A						<input type="checkbox"/>																				
P	O	L	4	1	6	5	B						<input type="checkbox"/>																				
P	O	L	3	1	2	4	A						<input type="checkbox"/>																				
P	O	L	4	3	7	8	B						<input type="checkbox"/>																				

NOTE
YOUR REGISTRATION IS NOT OFFICIAL UNTIL APPROVED BY THE FACULTY.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE. I AM ALSO AWARE THAT MY RIGHT TO A REFUND IS DETERMINED ACCORDING TO THE IMPORTANT ACADEMIC DATES AND DEADLINES ON THE UNIVERSITY WEBSITE.

2017-06-15

YEAR MONTH DAY



SIGNATURE (STUDENT)

SIGNATURE (DEPARTMENT)

SIGNATURE (FACULTY)