Course Change Request

Student Name: _____ Student Number: _____

Email: _____

Current Program: _____ Term: _____

I have read the Course Change Regulations to add or drop courses, and wish to add or drop the following Marine Institute course(s):

COURSES TO BE ADDED:

	COURSE ID	CRN		STATUS (APPROVED/DENIED)
COMPLETED BY APPLICANT			**FOR INTERNAL OFFICE USE ONLY**	

COURSES TO BE DROPPED:

	COURSE ID	CRN		STATUS (APPROVED/DENIED)
COMPLETED BY APPLICANT			**FOR INTERNAL OFFICE USE ONLY**	

Once this form is completed, or if you have any questions regarding this form, please email: reghelp@mi.mun.ca

_____ _____

Student Signature Date

_____ _____

Instructor Signature Date

Access to Information and Protection of Privacy – The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information please contact the Registrar at miregistrar@mi.mun.ca.