

## CHANGE OF REGISTRATION (DROP/ADD CLASSES) The standard form to: Student Advisors@@keyano.ca

Email completed form to: Student.Advisors@@keyano.ca

|  |                                  |                  | 1                                 |                               |        | 7                   |  |
|--|----------------------------------|------------------|-----------------------------------|-------------------------------|--------|---------------------|--|
| LAST NAME (LEGAL)  |                                  | IRST NAME (LEG   |                                   | STUDENT ID #                  |        |                     |  |
| *  | *                                | :                |                                   |                               | *      | •                   |  |
| ADDRESS  |                                  | CITY             |                                   | PROVINCE                      |        | POSTAL CODE         |  |
| *  |                                  | *                |                                   | *                             |        | *                   |  |
| Dropping to part time status of these apply to you:  | can affect eligibilit            | ty for hous      | se, athletics, lo                 | ans & sponsors                | hips.  | Please check if any |  |
| ☐ Keyano Housing   | Teyano Housing □ Student Athlete |                  |                                   | ☐ Student loan or Sponsorship |        |                     |  |
| PROGRAM NAME   |                                  |                  | SPONSORING AGENCY (IF APPLICABLE) |                               | CABLE) |                     |  |
|  |                                  |                  |                                   |                               |        |                     |  |
| Drop Courses Add Courses   |                                  |                  |                                   |                               |        |                     |  |
| COURSE NAME/NUMBER TERM COURSE NAME/NUMB   |                                  |                  |                                   | ER TERM                       |        |                     |  |
|  |                                  |                  |                                   |                               |        |                     |  |
|  |                                  |                  |                                   |                               |        |                     |  |
|  |                                  |                  |                                   |                               |        |                     |  |
|  |                                  |                  |                                   |                               |        |                     |  |
| Please Note: Courses canno   |                                  |                  |                                   |                               | the p  | osted Academic      |  |
| Schedule. Forms submitted  | bast the withdrawa               | i deadline       | will not be pro                   | cessed.                       |        |                     |  |
| Comments   |                                  |                  |                                   |                               |        |                     |  |
|  |                                  |                  |                                   |                               |        |                     |  |
|  |                                  |                  |                                   |                               |        |                     |  |
|  |                                  |                  |                                   |                               |        |                     |  |
| Chair: Please indicate the re  | ason for the decisi              | on by che        | cking one of th                   | ne hoxes helow:               |        |                     |  |
| Chair: Please indicate the reason for the decision by checking one of the boxes below:  ☐ Time Conflict ☐ Course Overload ☐ Late Add |                                  |                  |                                   |                               |        |                     |  |
| STUDENT SIGNATURE*   |                                  |                  |                                   | DATE                          | DATE   |                     |  |
|  |                                  |                  |                                   | 5.1.12                        |        |                     |  |
| APPROVED BY (DEAN/PROGRAM CHAIR)   |                                  |                  |                                   | DATE                          |        |                     |  |
|  |                                  |                  |                                   |                               |        |                     |  |
| APPROVED BY ASSISTANT REGISTRAR/REGISTRAR  |                                  |                  |                                   | DATE                          |        |                     |  |
| ADVISOR CONSULTATION/ATHLETIC DIRECTOR   |                                  |                  |                                   | DATE                          | DATE   |                     |  |
|  |                                  |                  |                                   |                               |        |                     |  |
| *Signature is not required if submitting this fo   | rm and supporting documenta      | ation via your k | eyanomail account.                | 1                             |        |                     |  |
| Office of the Registrar Us CHANGE IN STUDENT STATUS  | e Only                           |                  |                                   |                               |        |                     |  |
| CHANGE IN STUDENT STATUS   |                                  |                  | NOTIFICATION                      |                               |        |                     |  |
| ☐ No change  | ☐ Full-time to Part-             | time             | ☐ Housing                         | ☐ Funding                     | j      | □ SSWC              |  |
| RECEIVED BY  | DATE                             |                  | PROCESSED BY                      |                               | DATE   |                     |  |

The personal information requested on this form is collected under the authority of section 65 of the Post-Secondary Learning Act and section 33© of Alberta's Freedom of Information and Protection of Privacy Act and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and award, convocation, sending education information, library services, emergency notification, and for college research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the Statistics Act; Alberta Advanced Education to meet reporting requirements; Alberta Human Services for determining and monitoring student eligibility for their services, work experience and practicum sites to set up appropriate placements; Students' Association for the purposes of membership and information sharing; Syncrude Sport & Wellness Centre for the purposes of membership, Student Academic Support Services for the purposes continuous improvement of student academic success. For information about the collection and use of this information, contact the Registrar.