



# COURSE REGISTRATION/WITHDRAWAL FORM

(This form is to be used to register for course(s) after web registration closes)

<b>Student #</b>	<b>Student Name</b>	<b>Email</b>	<b>Phone</b>	<b>Program</b>

1. Ensure you include the course Duration (DUR) and Section (SEC). (See the course Timetable for reference: : <https://brocku.ca/registrar/guides-and-timetable/graduate-students/timetable/>)
2. Sign and date at the bottom of the form.
3. Have your form approved by your Graduate Program Director and your Supervisor, if you have one.
4. Return the form to Graduate Studies.
5. For students requesting registration in a graduate course offered outside your graduate program, this form must be signed by the Graduate Program Director in your current graduate program and you must also obtain the signature of the Graduate Program Director in the graduate program offering the course you wish to register in.
6. For students requesting registration in an undergraduate course, this form must be signed by the Graduate Program Director of your current graduate program and the signature of the instructor of the undergraduate course in which you wish to register.

**Note:** Extra courses are courses that are not to be used for credit towards degree.

COURSE ADD/WITHDRAWAL/EXTRA/AUDIT																																				
ACADEMIC YEAR				SUBJECT				COURSE NUMBER				SESSION - Check✓				DUR		SEC		COURSE REQUEST - Check✓																
SAMPLE LINE																																				
2	0	1	7	B	I	O	L	5	P	2	0	F	W	SP	S	U	Duration	Section	A	D	W	I	T	H	R	A	E	X	T	R	A	A	A	D	I	T

**Note:** Your signature on this form is confirmation of the courses included above and certifies that all information is correct.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services. Questions about this collection should be addressed to the Director, Graduate Studies, Brock University, St. Catharines, Ontario, L2S 3A1, 905-688-5550.

<b>Graduate Supervisor (current graduate program)</b>		
Print	Signature	Date
<b>Graduate Program Director (current graduate program)</b>		
Print	Signature	Date
<b>Graduate Program Director (as per #5 above)</b>		
Print	Signature	Date
<b>Instructor of Undergraduate Course (as per #6 above)</b>		
Print	Signature	Date

Note: Your Graduate Supervisor (if applicable) and your Graduate Program Director must sign this form or you will not be registered for your selections

FOR OFFICE USE ONLY:

(DE)REGISTRATION     
  FUNDING     
  FILE     
  GSA/UHIP     
  FINANCE