FACULTY OF GRADUATE STUDIES
500 Glenridge Avenue
St. Catharines, ON L2S 3A1
Tel: 905-688-5550
Fax: 905-688-0748
Website: www.brocku.ca/graduate-studies

REQUEST FOR A BACKDATED COURSE WITHDRAWAL

USE THIS FORM TO OUTLINE YOUR REQUEST.

Please print Name:	Student ID Number:
Street:	Email:
City:	Phone Number:
Postal Code:	

Have you:

☐ Attached supporting documentation?

☐ Clearly explained the circumstances of your request?

☐ Attached a completed Course Registration/Withdrawal form?

Student's Signature: Date:

Protection of Privacy
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.

I am requesting a backdated withdrawal in the following course:

SUBJECT	COURSE NO.	DUR	SEC

Last day of attendance in class: _____

Withdrawal Date Requesting: _____

COMMENTS:

_____

_____

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Graduate Program Director: _____ Date: _____

Director, Graduate Studies: _____ Date: _____

For Office Use Only:
DE-REGISTRATION ☐ FUNDING ☐ STUDENT ☐ PROGRAM ☐ SUPERVISOR ☐ FINANCE ☐

FACULTY OF GRADUATE STUDIES
500 Glenridge Avenue
St. Catharines, ON L2S 3A1
Tel: 905-688-5550, ext. 3239
Fax: 905-688-0748
Website: www.brocku.ca/graduate-studies

COURSE REGISTRATION/WITHDRAWAL FORM

(This form is to be used to register for course/s coded as extra, audit and also to register and withdraw for course(s) after web register closes)

Definitions of FT & PT status are found at: http://www.brocku.ca/gradstudies/
Full-time students studying off-campus must complete an APPLICATION FOR FULL-TIME STUDY OFF CAMPUS form found at: http://www.brocku.ca/gradstudies/current/forms

Student I.D. Number: _____ ☐ **FT** ☐ **PT**

Surname/Family Name: **First Name:**

Current Address: **City:**

Province/State: **Postal Code:** **Telephone:**

Graduate Program:

Brock Email Address:

Status in Canada: ☐ Canadian Citizen ☐ Permanent Resident (Landed Immigrant) ☐ Student Visa ☐ Other Visa

1. Please list the courses you wish to register/withdraw/extra/audit in this term: **(F) Fall** **(W) Winter** **(SP) Spring** **(SU) Summer (MED only)**
2. Sign and date at the bottom of the form upon completion. ☐ ☐ ☐ ☐
3. Have your form approved by your Graduate Program Director.
4. Return the form to Graduate Studies. Extra courses are courses that are not to be used for credit towards degree.
5. Full-time students studying off-campus (longer than 4 weeks) require approval: http://www.brocku.ca/gradstudies/current/forms.
6. 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 also obtain the signature of the Graduate Program Director in the graduate program offering the course you wish to register in.
7. For students requesting registration in an undergraduate course, this form must be signed by the Graduate Program Director of your current graduate program and obtain the signature of the instructor of the undergraduate course you wish to register in.

COURSE ADD/WITHDRAWAL/EXTRA/AUDIT

ACADEMIC YEAR				SUBJECT				COURSE NO.				SESSION T				DUR		SEC		COURSE REQUEST			
SAMPLE LINE																							
2	0	0	7	B	I	O	L	5	P	2	0	F	W	SP	SU	0	2	0	1	ADDT	WITHDRAWT	EXTRAT	AUDITT
												☐	☐	☐	☐					☐	☐	☐	☐
												☐	☐	☐	☐					☐	☐	☐	☐

Your Graduate Supervisor (if applicable) and your Graduate Program Director must sign this form or you will **not** be registered for your selections.
MASTER OF EDUCATION students do **NOT** require their Supervisor or Graduate Program Director signatures.

Note: Your signature on this form is confirmation of the courses included above and certifies that all information is correct, including any declaration of citizenship and status in Canada.

Student Signature: Date:

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Supervisor Signature (if applicable): Date:

Graduate Prog. Director (current Grad Program): Date:

Graduate Program Director *(as per #6 above)*: Date:

Instructor of Undergraduate Course (as per #7 above): Date: