

STUDENT INFORMATION

Name: _____ Brock Student ID Number: |_|_|_|_|_|_|_|_|_|_|_|_|
Street: _____ Telephone: _____
City: _____ Province: _____ EMAIL: _____@brocku.ca
Postal Code: _____ *Correspondence will be through Brock email account only.

COURSE INFORMATION

Subject	Number	Duration	Section	<input type="checkbox"/> SP	<input type="checkbox"/> SU	<input type="checkbox"/> FW	_ _ _ _ _ year
_ _ _ _ _	_ _ _ _ _	_ _	_ _				

I have read and understand the rules and regulations regarding Challenge for Credit (FHB III: 9.6 and Academic Regulations: Registration Section: Challenge for Credit)

Student's signature: _____ Date: _____

APPROVAL FROM INSTRUCTOR

I hereby give permission for the student named above to register for the course indicated. Upon completion of the Challenge for Credit, a Request to Change a Grade form will be submitted to the Office of the Registrar indicating the final grade.

Instructor's signature: _____ Date: _____

APPROVAL FROM BROCK CENTRAL

It has been verified that this student's financial account is in good standing and registration course changes may be completed.

Brock Central signature: _____ Date: _____

APPROVAL FROM THE GOODMAN SCHOOL OF BUSINESS (For Business students only)

It has been verified that this student meets the course restrictions and has completed all course prerequisites and this addition will not cause the course selection to exceed the maximum course enrollment.

Goodman School of Business signature: _____ Date: _____

Protection of Privacy

Brock University gathers and maintains information used for the purpose of admission, registration and other fundamental activities related to being a member of the University community and to attending a public post-secondary institution in the Province of Ontario. In signing an application for admission, you should know that the information you provide and any other information placed into your student record, will be protected and used in compliance with Ontario's Freedom of Information and Protection of Privacy Act (R.S.O. 1990,c F31). The information on this form is collected under the authority of The Brock University Act, 1964 and is needed to verify qualifications and decide your eligibility for admission. Upon admission and registration this information will form part of your student record and will be used to document your progress in an academic program. If you have any questions about the collection, use and disclosure of your personal information by the University, please contact the Director of Admissions, Brock University, St. Catharines, Ontario, L2S 3A1, (905) 688-5550.

FOR OFFICE USE ONLY

Effective date of change: |_|_|_|_|_|_|_|_|_|_|_|_|

Signature: _____

SP SU FW |_|_|_|_|_|