

I.D. # _____ DATE: Day / Month / Year
 FAMILY NAME(S) _____

GIVEN NAME(S) _____

PROGRAMME (Engineering Students Only)

- M. Eng: (Course option) Name of Program Visiting
- M.A.Sc. (Thesis option) (i.e. QSE, ISS) Independent
- Ph.D. _____
- Certificate _____

APPROVAL

 Thesis Supervisor - please print and sign (for M.A.Sc. or Ph.D. only)

 GPD or chair - please print and sign

 Authorized Departmental Advisor - please print and sign

I authorized a representative of the department to make the above listed changes.

Student signature

Student's E-mail Address: _____

COURSE SELECTION – Enter all Appropriate Course Information (refer to the graduate schedule and registration information booklet)

COURSE CODE (i.e. ENGR)	COURSE NUMBERS	TERM (1,2 / 3,4)	SECTION (s)
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ADD

_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _

DROP

_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
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AUDIT

_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _

AUDIT to CREDIT

_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _
_ _ _ _	_ _ _ _	_ _ _ _	_ _ _ _

CREDIT to AUDIT

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