

Application to Change Courses

F-2.O.1



Student Name: _____

Student ID: _____ Date of Birth: _____

Email: _____

College: _____ Phone No.: _____

Course currently enrolled: _____

Course Start Date: _____ Course End Date: _____

I wish to transfer to the following course: _____

New Course Start Date: _____

Reasons for transfer: _____

Application must be submitted to Student Services immediately after approval has been granted.

Signature of Student: _____ Date: _____

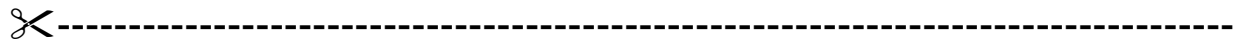
Academic Advisor signature: _____

Transfer granted? Yes No Date: _____

Has student been informed of any difference in fees? Yes No

Change of course difference: _____ Admin fee: _____

Completed By: _____ Signature: _____



FOR ADMINISTRATIVE USE:*

Student Name: _____ Date Received: _____

Completed By: _____ Signature: _____

* This section is to be filled out and signed by a Student Services Officer and is to be retained by the student.

FOR OFFICIAL USE ONLY:

Fully paid: Yes No

Satisfactory Course Progress: Yes No

Other comments: _____

New eCOE generated? Yes No New eCOE Number: _____

Entered into database? Yes No

Student informed? Yes No