



Course Registration Change Form

Received by
Records Department

per: _____

Date: _____

Student Number:

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Last Name	First Name	Middle Name
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Complete This Section to Change Course Registration

Please check box for (√) "Add, Drop, or change to Audit".

COURSE NAME & NUMBER	INTAKE	ADD	DROP	AUDIT	SIGNATURE OF INSTRUCTOR

Program _____ Withdraw from Program Courses

Tuition Refund Policy: If you withdraw, you are charged ...

- Day 1 to day 10 25% of tuition
- Day 11 to day 20 50% of tuition
- After the 20th day 100 % of tuition

**After 2/3 of the term
no withdrawals are allowed.
For details see the
College Calendar.
<http://www.selkirk.ca>**

Student Signature: _____

1. Please indicate when you applied for the program/course you are withdrawing from: **I applied:**
 - 3 months or more before classes started
 - 2 months before classes started
 - 1 month before classes started
 - Just as classes were starting
 - After classes started
 - Not sure

2. Please indicate your main reasons for withdrawing. *(Please choose all that apply).*

Academic <ul style="list-style-type: none"><input type="checkbox"/> Heavy course load<input type="checkbox"/> Difficulty with Math<input type="checkbox"/> Difficulty with English<input type="checkbox"/> The program/course was too difficult<input type="checkbox"/> Class schedule did not meet my needs<input type="checkbox"/> Quality of program/course<input type="checkbox"/> Program/course was not for me<input type="checkbox"/> Other _____	Personal <ul style="list-style-type: none"><input type="checkbox"/> Family or personal obligations<input type="checkbox"/> Work obligations<input type="checkbox"/> Lack of finances<input type="checkbox"/> Lack of personal motivation<input type="checkbox"/> My health<input type="checkbox"/> Transportation issues<input type="checkbox"/> Other _____
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3. Did you contact Selkirk's support services to discuss your situation before withdrawing? (e.g. Counseling, Financial Aid, Disability Services, Aboriginal Services, Learning Success Centre)
 - Yes
 - NoComments: _____

4. I now plan to: *(Please choose all that apply).*

<ul style="list-style-type: none"><input type="checkbox"/> Enrol in another program. If so, which one? _____<input type="checkbox"/> Enrol at another institution. If so which one? _____<input type="checkbox"/> Seek employment/continue employment	<ul style="list-style-type: none"><input type="checkbox"/> Take a break before deciding<input type="checkbox"/> Not sure<input type="checkbox"/> Other _____
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5. Would you like to talk to someone about your future educational or career plans?
 - Yes
 - NoNo Comments: _____