

**MODIFICATION / CANCELLATION OF REGISTRATION (GRADUATE STUDIES)**

- DO NOT WRITE IN SHADED AREAS.

STUDENT IDENTIFICATION		
SURNAME	GIVEN NAMES	STUDENT NUMBER
EMAIL	ACADEMIC UNIT / DISCIPLINE	DIPLOMA          MASTER'S          PH.D.
THIS REQUEST APPLIES TO THE FOLLOWING SESSION:		YEAR
FALL	WINTER	SPRING
SUMMER		_ _ _

	CURRENT DATA	NEW DATA
ACADEMIC UNIT ▾		
DEGREE SOUGHT (PROGRAM OF STUDIES) ▾		
CLASSIFICATION ▾	FULL-TIME  PART-TIME	<b>I WILL STUDY FULL-TIME.</b> DECLARATION: I AM AWARE THAT ANY ABSENCE FROM CAMPUS EXCEEDING FOUR WEEKS REQUIRES PRIOR APPROVAL FROM MY ACADEMIC UNIT AND MY THESIS SUPERVISOR.  <b>I WILL STUDY PART-TIME.</b>
CAMPUS ▾		

COURSES TO BE DROPPED											COURSES TO BE ADDED																				
											N.B.: REGISTRATION IN COURSES IS NOT OFFICIAL UNTIL APPROVED BY THE GRADUATE STUDIES OFFICE OF YOUR FACULTY																				
COURSE CODE		SECTION	ATTENDANCE	FOR ACADEMIC UNIT USE ONLY							COURSE CODE		SECTION	ATTENDANCE	FOR ACADEMIC UNIT USE ONLY																
ALPHA		NUMERICAL										ALPHA		NUMERICAL																	
1	2	3	4	5	6	7	8	9								1	2	3	4	5	6	7	8	9							

CRE = COURSE FOR CREDIT          AUD = AUDITOR

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE AND I AM AWARE THAT THE RIGHT TO A REFUND IS GOVERNED BY GRADUATE REGULATIONS.

DATE

SIGNATURE (STUDENT)

**WITHDRAWAL FROM PROGRAM**

VOLUNTARY	ILLNESS	FINANCIAL DIFFICULTIES	CHANGE OF DIRECTION	PERSONAL REASONS
WITHDRAWAL EFFECTIVE ON	_ _ _ _ _ _ _	AT REQUEST OF THE ACADEMIC UNIT	AT REQUEST OF THE UNIVERSITY	
	YEAR      MONTH      DAY			

**INTERRUPTION OF STUDIES**

PLEASE CONSULT THE REGISTRATION REQUIREMENTS SECTION OF THE GENERAL REGULATIONS OF THE FACULTY OF GRADUATE AND POSTDOCTORAL STUDIES.

**FOR ADMINISTRATIVE USE ONLY**

APPROVAL OF THE ACADEMIC UNIT	NAME (PRINT)	DATE	SIGNATURE
APPROVAL OF THE GRADUATE STUDIES OFFICE	NAME (PRINT)	DATE	SIGNATURE

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