Georgian — Request for change of Course/Program/Section

PERSONAL IDENTIFICATION			
Student ID number	Date of Birth (mm/dd/yyyy)	Email	
Last name (Family name) (Previous last name)		First name (Given name)	Middle name
Address		Home phone number (10 digits)	
City Province Postal code		Cell phone number (10 digits)	

This form is to be used when changing semesters, programs or timetables after the registration period has ended. Submission of this form does not guarantee approval or processing by the Office of the Registrar. It is the student's responsibility to verify that the changes have been made on Banner.

CURRENT PROGRAM INFORMATION		Year in Program	Semester (i.e. 3)	Term
PROGRAM (MAJOR)	CAMPUS	☐ Yr 1 ☐ Yr 2 ☐ Yr 3 ☐ Yr 4		☐ Fall ☐ Winter ☐ Summer

NEW PROGRAM INFORMATION		Year in Program	Semester (i.e. 3)	Term
PROGRAM (MAJOR)	CAMPUS	☐ Yr 1 ☐ Yr 2 ☐ Yr 3 ☐ Yr 4		☐ Fall ☐ Winter ☐ Summer

Action Code: A = Add WD = Withdraw

Action	CRN number	Course & subject number	Course name
Comments:			

Note: If transferring courses or programs, both co-ordinator's recommendations are required.
If transferring from or to a co-op program, recommendations from your co-ordinator and your co-op consultant are required.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Georgian College is compliant with the Freedom of Information and Protection of Privacy Act (FIPPA), 1990, and endeavors to treat your personal information in accordance with this law. The personal information requested on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and in accordance with Sections 38(2) and 41(1) of FIPPA. The information provided will not be used for any purposes other than the administration and evaluation of the request for change of course/program/section.

For further information about the information requested on this form or the purpose for which it will be used, please contact the Office of the Registrar at ROrecords@GeorgianCollege.ca or 705.722.1511; for more information about FIPPA, please contact the Access and Privacy office at AccessPrivacy@GeorgianCollege.ca or 705.728.1968 ext., 5770.

Requested:

Print student name _____ Student's signature _____ Date (mmddyyyy) _____

Print staff name _____ Program co-ordinator/designate/co-op consultant' signature _____ Date (mmddyyyy) _____

Print staff name _____ Program co-ordinator/designate/co-op consultant' signature _____ Date (mmddyyyy) _____

~~Approved by (print name):~~ _____ ~~Registrar/Designate's signature~~ _____ Date (mmddyyyy) _____

Dated: Apr. 14/20 V1

Submit from your Georgian College email to: ROrecords@georgiancollege.ca

Office of the Registrar, One Georgian Drive, Barrie, ON L4M 3X9 | T: 705.722.1511