



Course Registration Add/Drop Form

Use this form to register in courses or change your course selection after the registration deadlines.#

Return to your Department Office or School of Graduate Studies.

Surname		Given Name(s)	
Student Number		Email	
Graduate Program		Supervisor(s) Name(s)	

Course(s) to be added:

1. Program		Term		Course Code		Full or Half	
Course Title				Instructor's Signature			
2. Program		Term		Course Code		Full or Half	
Course Title				Instructor's Signature			
3. Program		Term		Course Code		Full or Half	
Course Title				Instructor's Signature			

Course(s) to be dropped:

1. Program		Term		Course Code		Full or Half	
Course Title				Instructor's Signature			
2. Program		Term		Course Code		Full or Half	
Course Title				Instructor's Signature			
3. Program		Term		Course Code		Full or Half	
Course Title				Instructor's Signature			

I hereby certify the information provided is accurate and in signing this document authorize the School of Graduate Studies to distribute this information accordingly.

Student Signature		Date	
Supervisor Signature		Date	
Program Director Signature		Date	

The information on this form is collected under the authority of the Trent University Act, 1963 and is needed to document your request. The information will be used to officially record your request and to update your academic record if your course is approved. If you have any questions about the collection, use or disclosure of this information by the University, please contact the University Registrar, Office of the Registrar, Blackburn Hall, 705-748-1215, registrar@trentu.ca.

Trent University, School of Graduate Studies, Peterborough ON, CANADA K9L 0G2 Phone: 705.748.1011 x 7245