## GRADUATE STUDIES – OFFICE OF THE REGISTRAR UNIVERSITY OF WINNIPEG WITHDRAWAL / COURSE CHANGE FORM

WITHDRAWAL	
FULL NAME:	STUDENT NUMBER:
COMPLETE ADDRESS:	
COURSE NUMBER:	COURSE TITLE:
TUITION PAID:	PROGRAM OF STUDY:
SIGNATURE:	DATE:
deposit is non- transferable change when submitted aft	
	STUDENT NUMBER:
COURSE NUMBER:	COURSE TITLE:
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	CHANGE TO:
COURSE NUMBER:	COURSE TITLE:
TUITION PAID:	PROGRAM OF STUDY:
SIGNATURE:	DATE:
Progra	m Advisor's Signature Date
110g1a	(or designate)
	ce form/signatures are complete <i>return form to</i> : <a href="mailto:n@uwinnipeg.ca">n@uwinnipeg.ca</a> (Eric Benson / Registrar's Office)
For Office Use Only: Processed By:	Date Entered:
	sity of Winnipeg / 515 Portage Ave / Wpg., MB / R3B 2E9

(9Nov22)