

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

Student Number

Program Advisor's Signature

Date

WITHDRAWAL

FULL NAME: _____

COMPLETE ADDRESS: _____

COURSE NUMBER: _____ COURSE TITLE: _____

TUITION PAID: _____ PROGRAM OF STUDY: _____

SIGNATURE: _____ DATE: _____

COURSE CHANGE: (Theology/MFT students - the non-refundable deposit is non-transferable when either dropping a course OR when completing a course change when submitted after the add/drop period)

FULL NAME: _____

COMPLETE ADDRESS: _____

COURSE NUMBER: _____ COURSE TITLE: _____

TUITION PAID: _____ PROGRAM OF STUDY: _____

CHANGE TO:

COURSE NUMBER: _____ COURSE TITLE: _____

TUITION PAID: _____ PROGRAM OF STUDY: _____

SIGNATURE: _____ DATE: _____

For Office Use Only:

Notes: _____

Date Entered: _____

Graduate Studies – Office of the Registrar / University of Winnipeg / 515 Portage Ave / Wpg., MB / R3B 2E9

(204) 786 – 9466 / fax: (204) 779 – 0961 / email: e.benson@uwinnipeg.ca

website: <http://www.uwinnipeg.ca/index/grad-studies-programs> / <http://theology.uwinnipeg.ca>

(29Jan14)