

**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: _____