

Enrolment Services 2700 College Way, Box 8500 Cranbrook, BC | V1C 5L7 250-489-8237 | 250-489-8219 Fax 1-877-489-2687 x 3237 Toll Free Scan and email to: reghelp@cotr.bc.ca

Course Add, Drop, or Withdrawal Form							
FALL	WINTER 	SPRING	□ SUMME	. 🗖	Date Receive	d:	
Student Name (First & Last):				Student Number:			
Student En	nail Address:						
DATE RECEIVED WILL BE THE DATE THIS FORM IS EFFECTIVE AND USED BY ENROLMENT SERVICES							
recommend withdrawal Students wh	om the instructor for ed to ensure the inst of a student. no are experiencing p	tructor is no	otified of the change otaining the require	. An Academ	nic Advisor's signatu	ire is required	for a complete
Services prior to the deadline as listed in the College Calendar. COURSE ADDITION				COURSE DROP/WITHDRAWAL □			
				COMPLETE WITHDRAWAL OF COURSES □			
	Course	Section No.	Instructor/Academic Advisor Signature		Course	Section No.	Instructor/Academic Advisor Signature
Reason for Withdrawal:							
If you have government student loans, grants, scholarships, or an adult upgrading grant, please obtain a signature from the Financial Assistance & Awards Officer:							
Financial As	sistance & Awards O	fficer					
If you are a Dual Credit student, have you notified the Regional Transitions Coordinator of your course changes? \Box							
DECLARATION Freedom of Information/Protection of Privacy The College of the Rockies complies with the Freedom of Information/Protection of Privacy legislation of the Province of British Columbia. Information collected on this form is used in the normal course of College operations in accordance with this legislation.							
Please read the following before signing: I declare that the information contained in this form is to the best of my knowledge, complete and correct. I hereby agree to comply with the rules and regulations of the College.							

Date

Student's Signature