

WINTER

Enrolment Services 2700 College Way, Box 8500 Cranbrook, BC | V1C 5L7

**SUMMER** 

250-489-8237 | 250-489-8219 Fax 1-877-489-2687 x 3237 Toll Free Scan and email to: reghelp@cotr.bc.ca

Date Received:



**FALL** 

## Course Add, Drop, or Withdrawal Form

SPRING

Student Name (First & Last):				Student Number:			
Student Email Address:							
DATE RECEIVED	WILL BE THI	E DATE THIS FORM	21	EFFECTIVE AND USED BY ENRO	NENT SE	RVICES	
				se after the first day of class is			
• •	•	_		e. An Academic Advisor's signa	•		
Students who are experiencir Enrolment Services prior to tl				d signatures in time to meet the Calendar.	e deadline	should inform	
COURSE ADDITION				COURSE DROP/WITHDRAWAL			
				COMPLETE WITHDRAWAL OF COURSES			
Course	Section No.	Instructor/Academic Advisor Signature		Course	Section No.	Instructor/Academic Advisor Signature	
Please obtain signatures fr	om the foll	owing departme	nt(:	5):			
Financial Assistance							
*if you have governi	ment studen	t loans, grants, sch	ola	rships or adult upgrading gran	t		
Reason for Withdrawal:							
DECLARATION Freedom of Information/Protectic The College of the Rockies complie collected on this form is used in the	s with the Free			tion of Privacy legislation of the Provir	ce of British (	Columbia. Information	
Please read the following before s	igning:			wledge, complete and correct. I hereby	agree to con	nply with the rules and	
Student's Signature				 Date			