COLLEGE OF THE ROCKIES

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

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

Course Add, Drop, or Withdrawal Form

FALL ☐ WINTER ☐ SPRING ☐ SUMMER ☐ Date Received: _____

Student Name (First & Last):	**Student Number:**
Student Email Address:	

DATE RECEIVED WILL BE THE DATE THIS FORM IS EFFECTIVE AND USED BY ENROLMENT SERVICES

Approval from the instructor for any change in status in a course after the first day of class is not required, however it is recommended to ensure the instructor is notified of the change. An Academic Advisor's signature is required for a complete withdrawal of a student.

Students who are experiencing problems obtaining the required signatures in time to meet the deadline should inform Enrolment Services prior to the deadline as listed in the College Calendar.

COURSE ADDITION ☐

Course	Section No.	Instructor/Academic Advisor Signature

COURSE DROP/WITHDRAWAL ☐

COMPLETE WITHDRAWAL OF COURSES ☐

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 Assistance & Awards Officer

If you are a Dual Credit student, please talk to your Secondary School Counsellor, have them approve the change, and sign this form:

_____ _____
Counsellor's Name Counsellor's Signature

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.

_____ _____
Student's Signature **Date**