Northern COLLEGE

Request for Student Record Amendment

Name: _____ Student Number: _____

Campus: _____ Program: _____

Term: ( ) F ( ) W ( ) S

OSAP: Yes No (Must see Financial Aid Administrator if status changes)

Check one and indicate subject and course code below.

( ) 1. Student may audit following course(s).

( ) 2. Student may register in the following course(s). only also

( ) 3. Student is withdrawing from the following course(s).

( ) 4. Change program from: _____ to: _____

( ) 5. Change student's grade from: _____ to: _____

Subject: _____ Course Code: _____

Subject: _____ Course Code: _____

Subject: _____ Course Code: _____

Subject: _____ Course Code: _____

Subject: _____ Course Code: _____

Subject: _____ Course Code: _____

Subject: _____ Course Code: _____

( ) 6. Reason for above change(s): _____

( ) 7. Remove student from master enrolment list and class list.

( ) Withdraw Reason: _____

Date: _____ Program: _____

( ) Failed - Requested to withdraw.

Student's Signature: _____ Date: _____

Dean or Chairperson's approval: _____ Date: _____

To computer clerk: Please change as required above.

Computer clerk: Date: