

Add/Drop Form
Registrar's Office
University of Ontario Institute of Technology
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Tel: (905) 721-3190 Fax: (905) 721-2172 www.uoit.ca

WHAT?	This fo	rm is also used rm must be sign	if a course is led by the stud	full or ca	iuses a t all reque	ime conflict sts and the	where	e permission Ild contact th	of the Fa e Faculty	culty Adv	isor or of the c	Dean's Designation ourse concerne	ed for the appropriate
WHO?	be sign												visor or Dean's Designate to form is submitted to the
WHEN?	The ler	ngth of time for I	requests to be	proces	sed is no	rmally 48 h	ours.	During peak	times, pro	ocessing	time ma	ay be longer.	
Last Name	First Name Student Number												
Program								Term					
I WISH T	0 <u>A</u> E	DD THE F	OLLOWI	NG C	OUR	SES:							
	REPEATING FACULTY APPROVAL FA										III TV	ADVISOR/	FACULTY ADVISOR/
CRN (e.g. 40088)	COURSE CODE (e.g. BUSI1450U)		SECTION (e.g. 001)	COURSE? Y/N		SECTION		INITIAL(S) I TIME		DEAN'S		SIGNATE	DEAN'S DESIGNATE
(e.g. reces, (e.g.			(-19-111)			CLOS				NAME (PLE		SE PRINT) SIGNATURE	
Special Instruc	tions:												
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I WISH T	0 <u>WI</u>	THDRAW	FROM	ГНЕ І	FOLL	OWING	C C	DURSE	S:				
CRN		COURSE COD		SECTIO		ON#		COURSE NAME		 E			COURSE BEEN APPROVED
(e.g. 40088)		(e.g. BUSI1450U)		(e.g. 001)		001)	(e.g. Statistics))			TRANSFER CREDIT? ach a copy of your approval
		Pleas	e note: If t	his is	your I	ast cour	se, y	ou must	attach	proof	of lap	top return	
	1												
	Student's Signature Date												
SIGN HERE	NOTE: THIS APPLICATION WILL NOT BE PROCESSED UNLESS IT IS SIGNED AND DATED												
FOR OFFICE	ONLY												
Processed by)ate					
Processed by								Date					