



REQUEST FOR EXTENDED COURSE LOAD

TO BE COMPLETED BY STUDENT:

Student Name: _____

Student #: _____

Program of Study: _____

Campus: _____

I am requesting permission to register in the _____ course, **in addition to the normal course load in this term.**

I understand that doing so may result in a more challenging program and possibly jeopardize my ability to successfully complete this and other courses.

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Student Services is collecting your personal information to process your request and to update your academic record. It will only be used for this purpose. All personal information you provide may be disclosed to Admissions staff. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the College's Registrar at 709-643-0827. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

Student Signature

Date

TO BE COMPLETED BY CAMPUS ADMINISTRATION (OR DESIGNATE)

NAME: _____

DEPARTMENT: _____

Recommended

Not Recommended

Conditions and comments: _____

Signature

Date

ADMINISTRATION APPROVAL:

Signature

Date