



CHANGE IN COURSE REGISTRATION

(Add Courses or Drop Courses)

Student Name: _____ Student #: _____

E-mail Address: _____

Address: _____
Mailing Address *City/Town* *Prov* *Postal Code*

Program: _____ Semester: _____

Campus: _____ Health & Dental: YES NO

Funding: Not applicable Student Aid AES Other _____

Note: *Changes in course load may affect eligibility for funding/student loans and/or scholarships.*

	Course Number	Class Code	Course Name	Add	Drop	Instructor's Signature
e.g.	MA1040	3Y	Math Fundamentals I	X		
1						
2						
3						
4						
5						

When adding courses, additional fees may be required. If applicable, payment must accompany this form before the request to add courses will be processed.

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. 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/atipppa.asp.

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

Student's Signature

Date

FOR OFFICE USE ONLY

Fees Required: \$ _____

Fees Paid: \$ _____

Financial Officer's Signature

Date