



# REGISTRATION REVISION REQUEST

**Please print clearly, press firmly, and complete all sections.  
Please use a ball point pen.**

Enrolment Services Phone: 1-866-627-8500  
7th & Charlebois (204) 627-8500  
Box 3000 Fax: (204) 627-8514  
The Pas MB R9A 1M7

Location \_\_\_\_\_ Program \_\_\_\_\_ Registered In \_\_\_\_\_ Change To \_\_\_\_\_ Sponsor \_\_\_\_\_  
*Sponsor name if applicable*

Fall Session \_\_\_\_\_ Year \_\_\_\_\_  Winter Session \_\_\_\_\_ Year \_\_\_\_\_  Spring Session \_\_\_\_\_ Year \_\_\_\_\_  Summer Session \_\_\_\_\_ Year \_\_\_\_\_

<b>Name</b> Last _____ First _____ Middle _____ <b>Birthdate</b> Month _____ Day _____ Year _____ SIN _____ <b>Address</b> Street/Box No. _____ City/Town _____ Postal Code _____ Email Address _____ Home Phone No. _____ Cell Phone No. _____	<b>Home University</b> <b>Student Numbers</b> Brandon University _____ University College of the North _____ The University of Manitoba _____ The University of Winnipeg _____
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### COURSE(S) ADDED

Sponsoring Institution	Department	Course Number	OFFICE USE ONLY	COURSE TITLE	Term	Credit Hours	Tuition	Course/Program	OFFICE USE ONLY
			SECTION						Prerequisite Confirmed

### COURSE(S) DROPPED CANCEL VOLUNTARY WITHDRAWAL

Sponsoring Institution	Department	Course Number	OFFICE USE ONLY	COURSE TITLE	Term	Credit Hours	Tuition	Course/Program	OFFICE USE ONLY
			SECTION						Refund %

### For Statistical Purposes: Identify Reason(s) for Change

Employed in Field \_\_\_\_\_ Employed Other \_\_\_\_\_ Dissatisfaction \_\_\_\_\_ Faculty Advisor Counsel \_\_\_\_\_ Health \_\_\_\_\_ Moving \_\_\_\_\_ Childcare \_\_\_\_\_ Housing \_\_\_\_\_ Other (identify) \_\_\_\_\_  
 Registration Correction \_\_\_\_\_ Academic \_\_\_\_\_ Financial \_\_\_\_\_ Personal \_\_\_\_\_ Change Career/Program \_\_\_\_\_

### CLASSIFICATION CHANGE Credit to Audit Audit to Credit

Sponsoring Institution	Department	Course Number	OFFICE USE ONLY	COURSE TITLE	Term	Credit Hours	Tuition	Course/Program	OFFICE USE ONLY
			SECTION						Prerequisite Confirmed

I hereby authorize the release of admission and course registration documents, progress reports and statement of marks by University College of the North, Brandon University, The University of Manitoba, The University of Winnipeg and/or Inter-Universities Services to the sponsoring agency.

STUDENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Faculty/Dean's Approval \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY			
Net Tuition (+/-) _____	Cheque <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Approved For Processing
Student Fees (+/-) _____	Cash/Interac <input type="checkbox"/>	Sponsorship ID No. _____	
Other _____	Money Order <input type="checkbox"/>	_____	
Deposit _____			
Balance (+/-) _____	Receipt No. _____		
Refund or _____	Issued By: _____		
Balance Due _____	Date: _____		

ENROLMENT SERVICES	
1 Sponsorship Approval on file Rec'd _____ Requested _____	3 Sponsor Informed: Fax No. _____ Date: _____
2 Credit Hrs Remaining (status) (Circle) Full-time or Part-time	4 Processed by/Date _____