



UNIVERSITY COLLEGE OF THE NORTH

REGISTRATION REVISION REQUEST

PLEASE PRINT AND PRESS FIRMLY • USE BALL POINT PEN ONLY

Return completed form to: Location _____ Sponsor _____
 Enrolment Services _____
 Box 3000 _____
 The Pas, Manitoba R9A 1M7 _____
 Telephone: (204) 627-8648 _____
 Toll Free: (866) 627-8500 _____
 Fax: (204) 627-8514 _____

Registered in _____ year _____ year _____ year _____ year _____ year _____
 Change To _____
 Fall (20) _____ year _____ year _____ year _____ year _____ year _____
 Winter (30) _____ year _____ year _____ year _____ year _____ year _____
 Spring (40) _____ year _____ year _____ year _____ year _____ year _____
 Summer (10) _____ year _____ year _____ year _____ year _____ year _____

LAST NAME (USE FULL LEGAL NAME)												CURRENT MAILING ADDRESS											
GIVEN NAMES												BOX NUMBER OR STREET CITY AND PROV. HOME PHONE () CELL PHONE () EMAIL ADDRESS											
HOME UNIVERSITY												STUDENT NUMBER											
UCN/UNI												STUDENT NUMBER											
BRANDON UNIVERSITY												UNIVERSITY OF MANITOBA											
												UNIVERSITY OF WINNIPEG											
												OTHER											

BIRTHDATE: MO DA YR

— COURSE(S) ADDED

SPONSORING INSTITUTION (e.g. UC)	DEPT. (e.g. ANS)	COURSE NUMBER (e.g. 1000)	SECTION	COURSE TITLE	TERM	CR HRS.	TUITION	PROGRAM	FOR OFFICE USE ONLY PREREQUISITE CONFIRMED

— COURSE(S) DROPPED CANCEL VOLUNTARY WITHDRAWAL

SPONSORING INSTITUTION (e.g. UC)	DEPT. (e.g. ANS)	COURSE NUMBER (e.g. 1000)	SECTION	COURSE TITLE	TERM	CR HRS.	TUITION	REFUND%	FOR OFFICE USE ONLY PREREQUISITE CONFIRMED

For Statistical Purposes: Identify Reason(s) for Change

Employed in Field _____ Other _____ Disaffiliation _____ Faculty Advisor _____ Health _____ Moving _____ Childcare _____ Housing _____ Other (identify) _____
 Correction _____ Academic _____ Financial _____ Personal _____ Change Career/Program _____

— CLASSIFICATION CHANGE Credit to Audit Audit to Credit

SPONSORING INSTITUTION (e.g. UC)	DEPT. (e.g. ANS)	COURSE NUMBER (e.g. 1000)	SECTION	COURSE TITLE	TERM	CR HRS.	TUITION	PROGRAM	FOR OFFICE USE ONLY 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"/>
Student Fees (+/-) _____	Cash/Interac <input type="checkbox"/> Sponsorship ID No. _____
Other _____	Money Order <input type="checkbox"/>
Deposit _____	Receipt No. _____
Balance (+/-) _____	Issued By: _____
Refund or _____	Date: _____
Balance Due _____	Approved For Processing _____

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