## 300-1215 West Broadway Vancouver, BC, Canada V6H 1G7

Note: Please give a copy to Registrar and Accountant

Tel: 604.879.8686 Fax: 604.874.8686 info@dorsetcollege.bc.ca dorsetcollege.bc.ca

## **COURSE ADD/DROP REQUEST FORM**

Dorset College					
	STUDENT IN	FORM <i>A</i>	ATION		
Legal Last Name	Legal First Name	Legal First Name		d First Name	
Birth Date (DD/MM/YYYY)	Student ID Number	Student ID Number		E-mail	
ADD COUR	SE(S) - REQUEST DURING T	HE FIRS	ST 2-WEEK ADD/D	ROP PERIOD	
Course Number and Name 1.	Course Number and 2.	Course Number and Name 2.		Number and Name	
Tuition fee for the added course	(s) must be collected at the time o	of reques	t.		
DROP COUF	RSE(S) - REQUEST DURING	THE FIR	ST 2-WEEK ADD/D	ROP PERIOD	
Course Number and Name 1.		Course Number and Name 2.		Course Number and Name 3.	
Tuition fee for the dropped cour	se(s) during this period will be ret	funded to	the student account.		
WITHDRAWAL	COURSE(S) - REQUEST AFT	ER THE	FIRST 2-WEEK AD	D/DROP PERIOD	
Course Number and Name 1.		Course Number and Name		Course Number and Name 3.	
	se(s) after this period will not be a drawal) designation on the trans		to the student accoun	t. The student's GPA is not	
PLEASE READ AND SIGN BELOW					
	nation entered above is complet am aware that the service fee is age.				
Student's Signature	Date (DD		D/MM/YYYY)		
OFFICE USE ONLY					
Additional amount paid:	Refund to the student acco	ount:	No refund	Receipt No.:	
\$	\$				
Request processed by:		[	Database updated by:		

Dorset College Course Add/Drop Request Form

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