COOP WORK TERM: LATE REGISTRATION

KPU

Student: By completing this form, you are indicating the University should drop you from the sections indicated, and enroll you in the work-term (if not already done) shown. Revision of this form after submission is not permitted.

Staff: This form is only to be used after the last day to register online, and is to be submitted electronically (scanned) to _Registration@kpu.ca_.

Student Information

Student ID	Name	Phone Number
Student Signature		Date

Work Term to Enrol:

Course(s) (subject & number)	Section(s) and CRN	Term & Year

Sections to Drop:

Course(s) (subject & number)	Section(s) and CRN	Term & Year
Course(s) (subject & number)	Section(s) and CRN	Term & Year
Course(s) (subject & number)	Section(s) and CRN	Term & Year
Course(s) (subject & number)	Section(s) and CRN	Term & Year
Course(s) (subject & number)	Section(s) and CRN	Term & Year
Course(s) (subject & number)	Section(s) and CRN	Term & Year

Student Acknowledgement

I acknowledge that it is my responsibility to consult with an academic advisor should I have any questions around course and program planning, including withdrawing from courses.	Student Initials

Authorization

Co-op Director or Designate (please print)	Signature	Date

Office use only

Received by: Name & department (please print)	Date Received	Date Processed