LOYALIST COLLEGE Of Applied Arts & Technology

Request for Course Add/Drop

PERSONAL INFORMATION

Student #	Date of birth (dd/mm/yyyy)	Email	
Last Name (Family Name)		First name (Given Name) Middle Name	
Address	Home phone		**International Student**
City Province Postal Code	Cell phone number		❑ No ❑ Yes
Current Program/Course/Department		Year Semester	

Sponsorship/Funding: ❑ OSAP ❑ Second Career ❑ WSIB ❑ Indigenous ❑ Other: _____

Course Change	Course Code	Course Title	CRN
❑ Add ❑ Drop			
❑ Add ❑ Drop			
❑ Add ❑ Drop			
❑ Add ❑ Drop			
❑ Add ❑ Drop			

Ancillary Fee Waiver: Students with documented permanent disabilities who are registered with AccessAbility Services or verified through the Financial Aid Office (OSAP) are considered full-time students when they are registered in 40% of a full course load. Loyalist College's registration process only assesses these students with part-time post-secondary day Student Ancillary Fees.

Options: Please select one option and place your initials by the appropriate box.

❑ I wish to self-declare and pay all fees as an option to receive the same benefits as full time students including the following. I understand that I need to pay the same Ancillary Fees as full time postsecondary day students and there would be no opt-outs. Use the Student Health Plan (including Prescription Drug Plan and Accident Insurance), Participate on a varsity team

❑ I wish to exercise my right not to pay all fees. I understand that I will not be eligible for the following: Use the Student Health Plan (including Prescription Drug Plan and Accident Insurance), Participate on a varsity team

Full Time Waiver: To qualify as a full-time student, your course load must represent at least 70%, of the hours, of the courses required for the semester of the program in which you are enrolled.

❑ I understand that because I have dropped from full-time to part-time day status, I am no longer eligible for the following: Use the Student Health Plan (including Prescription Drug Plan and Accident Insurance), Participate on a varsity team

Request Approval:

_____   _____
Student Signature   Date

_____   _____
Coordinator   Date

For Office Use Only:

Enrolment Services: Student status ❑ FT ❑ PT   Withdrawal Code _____   ESO: _____

Adjustment Details: _____

Financial Aid: OSAP ❑ Y ❑ N   Remit to: _____   FAO: _____

International: ❑ Y ❑ N   _____   IRC: ❑ Y ❑ N   _____

Accounting: Refund $ _____   Details: _____   AR Rep: _____