

	Program	Degree Type	Student Number
FGS – 16			

Student Name (Last, First) _____

ADDED

Course Number	Section	CRN	CRN	Grade Mode	Term	Year	Comment

Voluntary Withdrawal from entire program effective: _____
(MM/DD/YYYY)

Unit/Department Comments

DROPPED (VW)

Course Number	Section	CRN	CRN	Grade Mode	Term	Year	Comment

FGS Comments

CHANGED

Course Number	Section	CRN	CRN	Grade Mode		Term	Year
				From	To		

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University
 Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purpose of administering your requests to add, drop (VW) or change your courses, and for communication. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

Registrar's Office Comments

SIGNATURES

DATE (MM/DD/YYYY)

Student _____
 Department/Unit Head/Grad Chair _____
 FGS _____
 Registrar's Office _____

