

SELF- REGISTRATION FORM

LAST NAME (LEGAL) *		FIRST NAME (LEGAL) *		STUDENT ID # *
ADDRESS *		CITY *	PROVINCE *	POSTAL CODE *
PHONE # *	EMAIL *			DATE OF BIRTH *
ACADEMIC YEAR *	PROGRAM *		SPONSORING AGENCY (IF APPLICABLE)	

Fall Semester

COURSE CODE	SECTION	COURSE NAME	COURSE CODE	SECTION	COURSE NAME

Winter Semester

Spring Semester

COURSE CODE	SECTION	COURSE NAME

NOTES: Please add any additional information (i.e. preference of day or evening classes)

Chair: Please indicate the reason for the decision by checking one of the boxes below:

☐ Time Conflict
 ☐ Course Overload
 ☐ Late Add

STUDENT SIGNATURE *	DATE
APPROVED BY (DEAN/PROGRAM CHAIR)	DATE
APPROVED BY ASSISTANT REGISTRAR/REGISTRAR	DATE
ADVISOR CONSULTATION/ATHLETIC DIRECTOR	DATE

*Signature is not required if submitting this form and supporting documentation via your keyanomail account.

Office of the Registrar Use Only			
APPROVED BY (OFFICE OF THE REGISTRAR SIGNATURE)		DATE	
RECEIVED BY	DATE	PROCESSED BY	DATE

☐ Receipt requested to be mailed

☐ Receipt requested to be emailed

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