Middle Name(s):



PART 1

PART 4

MacEwan ID:

## ADD/DROP FORM

Students are responsible for actioning enrolment changes, such as adds, drops, or withdrawals **online via myStudentSystem**. This form should only be used in cases where a student cannot action or complete an enrolment activity themselves either due to technical issues, an exceptional circumstance, or when a student has permission to add a course after the published deadline.

**IMPORTANT**: After the last day to drop courses in a term, students may only withdraw from a course. Withdrawals without academic penalty are permitted until the published withdrawal deadline, after which students will be assigned a final grade based on coursework completed. Please consult the <u>Academic Schedule</u> for key dates and deadlines.

First Name:

STUDENT INFORMATION (Please complete in full)

PROGRAM CONSULTATION (IF REQUIRED)

myStudentSystem due to technical issues or an exceptional circumstance.

Family (Last) Name:

Program currer	itly enrolled in (	or related to the	nis request):	Term:	Year:	
DARTO	NAMOE DEO	JEOT				
PART 2 C	CHANGE REQ	UEST				
A separate for	m must be com	pleted for ea	ch term.			
ADD						
Course #	Section #	Class #	Permission # required	if	Course Title	
					_	
DROP						
Course #	Section	#	Class #		Course Title	
	-					
PART 3 S	STUDENT DEC	LARATION				
MacEwan Univer	sity recommends	thatallprogra			ps with an Academic Advisor to ensurus, student funding, and program	
					eeding with a <i>late add</i> , I will be graded deadlines will not be considered.	
Signature (stu	dent): vill be accepted if sent	from the student's	a @mymacewan.ca er		ıre Date:	

**IMPORTANT**: For course adds after the published deadline, a signature from the Associate Dean of the course is

required. For other special permissions, a signature from the Department Chair or Designate is required.

You do not need a signature from your program when using this form for regular adds/drops in place of







Comments from Program (please print):			
Program Authorization			
Name (please print):	Phone:		
Signature:	Signature Date:		
PART 5 OFFICE USE ONLY			
Signature:			
${\it The \ } date \ the \ form \ is \ received \ in \ the \ Of fice \ of \ the \ University$	Registrar will be the official date used when processing.		

**CLEAR FORM** 

## FREEDOM OF INFORMATION & PROTECTION OF PRIVACY

Protection of Privacy - The personal information requested on this form is collected and protected under the authority of Part 2 of the Alberta Freedom of Information and Protection of Privacy Act and the Post-Secondary Learning Act. It will be used for the enrollment process and student management consistent with that purpose. This information will be entered into and retained in the official university student information system databases. Direct questions expressly related to the collection and use of this information to the Associate Registrar, Records, Office of the University Registrar, MacEwan University, 10700-104 Avenue, Edmonton, AB, T5J 4S2, Telephone: 780-633-3110