Office of Student and Academic Services
email registration@nscad.ca, fax 902 425 2987

NSCAD UNIVERSITY
5163 Duke Street
Halifax, Nova Scotia, Canada B3J 3J6
www.nscad.ca

Course Registration Form (Add/Drop)

Please use one Form per semester

NSCAD ID NUMBER _____ LAST NAME _____ FIRST NAME _____ LOCAL PHONE # _____

SEMESTER
- ○ Fall 201__
- ○ Winter 201__
- ○ Summer 201__

ADD

COURSE CODE Ex. FNDN 1200	COURSE SECTION 1/2/2A	COURSE TITLE	CREDITS	INSTRUCTORS NAME	PETITION / INSTRUCTOR CONSENT

IF YOU WANT TO WITHDRAW FROM NSCAD UNIVERSITY FOR A SEMESTER OR PERMANENTLY, PLEASE ONLY COMPLETE THE NOTIFICATION OF WITHDRAWAL FROM NSCAD SECTION ON THE BACK INSTEAD.

DROP

COURSE CODE Ex. FNDN 1200	COURSE SECTION 1/2/2A	COURSE TITLE	CREDITS	INSTRUCTORS NAME	PETITION / INSTRUCTOR CONSENT

IF YOU ARE DROPPING A COURSE THAT HAS A MATERIAL FEE, PLEASE REMEMBER TO FILL OUT THE MATERIAL FEE REFUND FORM.

STUDENT SIGNATURE _____ DATE (DD/MM/YYYY) _____ STAFF INITIALS _____

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N·S·C·A·D UNIVERSITY
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Notification of Withdrawal from NSCAD

☐ FROM SEMESTER
- ☐ **Fall 201__**
- ☐ **Winter 201__**
- ☐ **Summer 201__**

☐ PERMANENTLY
Removal from all registered semesters

A Withdrawal from studies both for a semester or permanently can impact a student's eligibility for Canada Student Loan and Student Visa or Authorization to Study in Canada. Such students must meet with the Director of Financial Aid and Student Counselling. In order to process your withdrawal and issue potential refunds, please complete all sections listed below. The permanent mailing address is required for delivery of grades, transcripts, tax forms, registration information and alumni communications.

STUDENT STATUS

☐ DEGREE
☐ NON-DEGREE
☐ VISITING FROM _____
☐ EXCHANGE FROM _____

☐ CANADA STUDENT LOAN RECIPIENT
☐ INTERNATIONAL STUDENT VISA

CONTACT DETAILS

NSCAD ID NUMBER _____ LAST NAME _____ FIRST NAME _____

TELEPHONE # _____ CELL PHONE # _____ EMAIL _____

Permanent Street Address

Number _____ Street _____ Apt. # _____

City _____ Prov./Ter./State _____ Postal/Zip code _____

Country _____

Mailing Address *(if different from Permanent Address)*

Number _____ Street _____ Apt. # _____

City _____ Prov./Ter./State _____ Postal/Zip code _____

Country _____

STUDENT LOAN

☐ NO ☐ YES, my social insurance number is _____
if yes, please see Director of Financial Aid

REASONS

Select all reasons that apply and provide the advisor with pertinent details of your reasons.

☐ FINANCIAL REASONS
☐ PERSONAL WITHDRAWAL
☐ ACADEMIC DIFFICULTY
☐ MEDICAL ISSUES
☐ TO STUDY AT ANOTHER INSTITUTION
☐ DISSATISFIED WITH PROGRAM *(please explain)*

Details:

DECLARATION

I declare that I wish to withdraw from studies at NSCAD University as indicated above.

STUDENT SIGNATURE _____ DATE (DD/MM/YYY) _____ STAFF INITIALS _____