

MBA CHANGE OF REGISTRATION MCMASTER UNIVERSITY

DATE _____ STUDENT # _____

Name _____ Address _____

Phone # _____ Email _____

<u>Year</u> _____ Winter _____ Summer _____ Fall	<u>Current Status</u> Full-time Part-time Co-op	<u>Check All Applicable Items</u> Change of course registration Change of Status TO Withdrawal from session Withdrawal from program
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COURSE CHANGE

DELETE

ADD

D/E	Course	Section		D/E	Course	Section

Reason for change:

Student's Signature _____

OFFICE USE:

Effective date: _____

Approved by _____

IBM _____

PC _____