## Faculty of Graduate Studies WWW.GRAD.UBC.CA

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## **REGISTRATION / CHANGE OF REGISTRATION FORM**

STUDENT INFORMATION:				Student Number:				
First Name:				Last Name:				
E-mail: Telephone:								
Degree: (e.g. PhD, MA)  Graduate Program Name:								
Date of Request: (yy	yy/mm//dd)					<del></del>		
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COURSE SECTION ADD – All fields must be filled in								
Course Start Date (yy/mm/dd)	Term	Course Name and Number (e.g. ECON 500)			Section	Credits	Course Instructor Approval (Signature Required)	
Comments:								
COURSE SECTION	N AUDIT –	All fields mu	st be filled in					
Course Start Date (yy/mm/dd)	Torm				Section	Credits	Course Instructor Approval (Signature Required)	
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COURSE SECTION	N DROP –	All fields mus	st be filled in					
Date of Last Attendance (yy/mm/dd)  Course Start Date (yy/mm/dd)		Term Number		d	Section	Credits	Course Instructor Approval (Signature Required)	
Comments		<b>'</b>		'		•		
Comments:								
Approval of Stud	ent's Gra	duate Progra	m Advisor:					
Signature Name (Please Print)					Program Date (yyyy/mm/dd)			
Faculty of Graduate	e Studies us						(2221 1 )	
		Date of A	pproval		Signatu	ire of FoGS (	Clerk	