ST. LAWRENCE COLLEGE
Course Drop and Status Change Form

Brockville   Cornwall   Kingston

St. Lawrence College

Student Name:	Program:
Student ID #:	Personal Email:
Address: Apt. No. - No. Street	Telephone – Home:
City Province Postal Code	Telephone – Other:

Courses dropped:

Course Code	Section	Course Name	Date Last Attended	Reason for dropping

☐ I understand and accept the consequences of making the above changes and agree to speak with my Program Coordinator to discuss an academic plan regarding options for retaking dropped courses to meet the graduation requirements for my program.

☐ I recognize that the College is not obligated to provide me with another opportunity to complete required courses and that I am responsible for ensuring that I have completed all the requirements for obtaining my credential.

Please Note: Additional Tuition fees may be charged to retake the above dropped course(s).

Student Signature   *Date (Month/Day/Year)*

Freedom of Information This information is collected and used under the authority of the Ontario Colleges of Applied Arts and Technology Act, R.S.O. 2002, and regulations thereunder for the purpose of formally withdrawing from a program.

Reduced Course Load: Yes   No

Deadline date: Grade Assigned:

Program Code: Level/Semester:

\# of courses for Term: Hrs Per Week:

Course Load Calculations Formula Used:

Percentage: Course(s) dropped in SIS:

Staff name: Date:

Refund Processed for:

☐ Credit balance

☐ Use for next term

☐ Issued:
Student
OSAP
Sponsor

Staff name:

Date:

NOTIFIED:

☐ Co-Ordinator
☐ SSF
☐ OSAP
☐ International Department
☐ Alumni
☐ Wellness & Accessibility
☐ Sponsor
☐ Course Instructor(s)

Please submit form to Enrolment@sl.on.ca

Date last revised: Sept, 2,2021