

## 2023-2024 REGISTRATION (ADD/DROP) FORM

Office of the Registrar

3377 Bayview Avenue, Toronto, ON, M2M 3S4

registration@tyndale.ca | (416) 226 6620 ext. 6711 | www.tyndale.ca/registrar

☐ Undergraduate Studies NAME:							STUDENT ID:			
Craduated from Tundala										
PHONE:						NE:	EMAIL:			
					iterses	sion 2024,	WI = Winter 2024, SS = Spring	Summer 2024		
ADD the following course(s):  FA IN WI SS Course Code Section Course Title Credit (CR) Audit (AU)										
FA	IN	WI	SS			Section			Credit (CR)	Audit (AU)
✓				e.g. BIBL 0501		1A	Biblical Interpretation (	example)	CR	
DROP	the f	follow	ing c	ourse(s):						
FA	IN	WI	SS	Course Code		Section	Course Title		Credit (CR)	Audit (AU)
✓				e.g. BIBL (	0501	1A	Biblical Interpretation (	example)	CR	
REQU	IIRED	SIGN	ATUR	E(S):						
					_		by the academic and financial policies	and procedures outline	d in the Academ	c Calendar that
а	re ass	ociate	d witl	h the progra	m and a	academic te	erm(s) for which I am now registering.			
	Student's Signature:							Date:		
_ I4	If one of the following apply to your places obtain the signature of a Chydest Financial Control of Chydest 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
<ul> <li>If one of the following apply to you, please obtain the signature of a Student Financial Services' representative (<u>sfs@tyndale.ca</u>) before submitting this form to the Office of the Registrar:</li> </ul>										
	☐ I am an international student.									
	I am a government loan recipient looking to DROP courses after the add/drop deadline. I have completed the Considerations for									
	<u>Dropping Courses for OSAP Recipients</u> form via <u>Flow.Tyndale.ca</u> and understand the additional consequences of my decision.  I have a <b>financial hold on my account</b> .									
Г										
	Student Financial Services' Signature:							Date:		
• If	f vour	regict	ration	requires ad	ditiona	l permissio	n, please obtain the signature from the	e respective faculty or s	taff before subm	itting this form
		_		Registrar:	ona	. pc::::::::::::::::::::::::::::::::::::	., p. case oscalii the signature nom th	c. capective faculty of 3	tan serore subir	
	App	rove	d By (	Name & Si	gnatuı	re):		Date:		
OFFICE OF THE REGISTRAR'S USE ONLY:  Received/Processed by:  Processed on:								Conv to SES (fo	r Withdrawal) 🗆	
keceived/Processed by:							i i ocesseu oii.	COPY 10 3F3 (10	i vvitilulawal) 🗀	