2026-2027 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

❑ **School of Arts & Sciences**
❑ **School of Education**
❑ **Seminary**
❑ **Graduated from Tyndale**

NAME: _____ _____ **STUDENT ID:** _____
(First Name) (Last Name)

PHONE: _____ **EMAIL:** _____

*Terms: FA = Fall 2026 IN = Intersession 2027 WI = Winter 2027 SS = Spring/Summer 2027

ADD **the following course(s):**

FA	IN	WI	SS	Course Code	Section	Course Title	Credit (CR)	Audit (AU)
✓				*e.g. BIBL 0501*	*1A*	*Biblical Interpretation (example)*	*CR*	

DROP **the following course(s):**

FA	IN	WI	SS	Course Code	Section	Course Title	Credit (CR)	Audit (AU)
✓				*e.g. BIBL 0501*	*1A*	*Biblical Interpretation (example)*	*CR*	

REQUIRED SIGNATURE(S):

- I have read, understand, and agree to be bound by the academic and financial policies and procedures outlined in the Academic Calendar that are associated with the program and academic term(s) for which I am now registering.

Student's Signature:	Date:

- If one of the following apply to you, please obtain the signature of a *Student Financial Services Representative* (sfs@tyndale.ca) before submitting this form to the Office of the Registrar:
  - ❑ I am a **government loan recipient looking to DROP courses *after the add/drop deadline***. I have completed the **Considerations for Dropping Courses for OSAP Recipients** form via Flow.Tyndale.ca and understand the additional consequences of my decision.
  - ❑ I have a **financial hold on my account**.

Student Financial Services' Signature:	Date:

- If your registration requires additional permission, please obtain the signature from the respective faculty or staff before submitting this form to the Office of the Registrar:

Approved By (Name & Signature):	Date:

OFFICE OF THE REGISTRAR'S USE ONLY:		
Received/Processed by:	Processed on:	Copy to SFS (for Withdrawal) ☐

Updated August 2026