

P.O. Box 5300, 1250 Grand Lake Road, Sydney, NS Canada B1M 1A2

> enrolment@cbu.ca Tel: **902-563-1330**

ADD/DROP FORM

THIS FORM IS TO BE USED ONLY IN CIRCUMSTANCES WHERE CHANGES CANNOT BE ACCOMPLISHED THROUGH ON-LINE REGISTRATION OR THE APPROPRIATE DEPARTMENT. This form will be kept on file only until the end of the academic year. Students are encouraged to retain a copy for their records. Students must provide the subject, course number and section number of the course(s) for which you are requesting registration. Written permission must accompany this form by signature or by email, for the issues listed below.

Student ID Number:					
Name:					
Program:					
Term: Fall Year:	☐ Winter Year:	Spring/Summer Year:			
Please refer to CBU's Academic Time lab, you must also register for the lab		umber, and section numbers. If the course has a required			
Note: Class additions/deletions may Student Accounts after the changes a		cluding scholarships and bursaries. Please proceed to ice before dropping classes.			
Baccalaureate, Bachelor of Hospitali	ty and Tourism Management, N r Organization Management (Ll	Managers/Leads can sign off on Registration for Post Master of Business Administration and Bachelor of Business EGL, MGMT, MRKT) and Financial and Information tration.			
Issue that prevents registration throu	ıgh portal: T	he following permissions are required by signature or email:			
• PRE REQ (Pre-requisite not on file or n	oot met) C	Course Instructor or SSOB Dean or Program Managers/Leads			
OVERLOAD (Course Overload)	P	rogram Dean/Associate Dean or SSOB Program Managers/Leads			
• CAP (LAB) (Capped ('full") lab)	S	chool Dean/Associate Dean or SSOB Program Managers/Leads			
• CAP (COURSE) (Capped ("full") cour	se) S	chool Dean/Associate Dean or SSOB Program Managers/Leads			
CONFLICT (Two courses occurring at	same time in schedule) Ir	Instructor of both courses and Dean(s)			
Late (Registering after last registration)	ı date) C	Course Instructor and Registrar/Associate Registrar			

ADD the following course	e(s):					
Subject	Course Number	Section	Issue #1	Approval Signature	Issue #2	Approval Signature
	— ——					
	— —					
	! !					
DROP the following cour	se(s):					
Subject	Course Number	Section	Issue/Comment		Approval Signature	Date
	— ———					
specializations, concentratio	ons, or majors. I also u	nderstand this co		e refer to Cape Breton	and the individual department regu University's Academic Calendar for ar/.	
Student's Signature:			Date:			
Designate Signature for App	oroval:		Date:			
FOR OFFICE USE ONLY:						
Updated in Colleague by: _			Date U	Jpdated:		
Student notified by email:						