Cape Breton University
OFFICE OF REGISTRAR AND ADMISSIONS

P.O. Box 5300,
1250 Grand Lake Road,
Sydney, NS Canada B1M 1A2
registrar@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 Timetable for the subject, course number, and section numbers. If the course has a required lab, you must also register for the lab.

Note: Class additions/deletions may affect your fees and funding including scholarships and bursaries. Please proceed to Student Accounts after the changes are made. You should seek advice before dropping classes.

Attention Shannon School of Business Students: The Dean, Program Managers/Leads can sign off on Registration for Post Baccalaureate, Bachelor of Hospitality and Tourism Management, Master of Business Administration and Bachelor of Business Administration. Department chairs for Organization Management (LEGL, MGMT, MRKT) and Financial and Information Management (ACCT, ECON, FINC, MGSC) can also sign off on Registration.

Issue that prevents registration through portal:	**The following permissions are required by signature or email:**
• PRE REQ (Pre-requisite not on file or not met)	Course Instructor or SSOB Dean or Program Managers/Leads
• OVERLOAD (Course Overload)	Program Dean/Associate Dean or SSOB Program Managers/Leads
• CAP (LAB) (Capped ('full") lab)	School Dean/Associate Dean or SSOB Program Managers/Leads
• CAP (COURSE) (Capped ("full") course)	School Dean/Associate Dean or SSOB Program Managers/Leads
• CONFLICT (Two courses occurring at same time in schedule)	Instructor of both courses and Dean(s)
• Late (Registering after last registration date)	Course Instructor and Registrar/Associate Registrar

Continue to form on following page.

ADD the following course(s):

Subject	Course Number	Section	Issue #1	Approval Signature	Issue #2	Approval Signature

DROP the following course(s):

Subject	Course Number	Section	Issue/Comment	Approval Signature	Date

☐ DECLARATION: I understand that it is my responsibility to ensure that my course choices satisfy both program regulations and the individual department regulations for specializations, concentrations, or majors. I also understand this could have financial impacts. Please refer to Cape Breton University's Academic Calendar for policies and requirements related to all Academic Programs **www.cbu.ca/current-students/registrars-office/academic-calendar/**.

Student's Signature: _____ Date: _____

Designate Signature for Approval: _____ Date: _____

FOR OFFICE USE ONLY:

Updated in Colleague by: _____ Date Updated: _____

Student notified by email: _____