

Additional Qualification Courses

Course Add/Change/Withdrawal Form

Student Information

Surname: _____ Given Name(s): _____

OCT#: _____ Email: _____

Address: _____ City: _____

Postal Code: _____ Phone: _____

Course Information

Withdrawal

Course Code	Course Title	Term – Fall, Winter, Fall/Winter, Intersession, Summer	Part (1, 2, Specialist)
Student Signature:		Date:	

Addition

Change

Course Code	Course Title	Term – Fall, Winter, Fall/Winter, Intersession, Summer	Part (1, 2, Specialist)
Student Signature:		Date:	
The above named student has been authorization to enroll in the course(s) listed above.			
Principal's Signature:		Date:	

Please complete this form and submit by email to aq@wlu.ca, by fax to 519-884-8697, or by mail to: Additional Qualification Courses, Faculty of Education, Wilfrid Laurier University, 75 University Avenue West, Waterloo, ON N2L 3C5.