



**TO BE USED UNTIL THE
ADD/DROP DEADLINE DATE**

--	--	--

Course Add/Drop Form

Please see reverse before completing
Please either drop off completed form at the Registration Desk or email to registration@mhc.ab.ca

Year _____	Campus	MHC Student ID Number
<input type="checkbox"/> Fall (Sep-Dec) <input type="checkbox"/> Spring (May-June) <input type="checkbox"/> Distance Learning <input type="checkbox"/> Winter (Jan-Apr) <input type="checkbox"/> Summer (July-Aug) <input type="checkbox"/> Open Learning	<input type="checkbox"/> Medicine Hat <input type="checkbox"/> Brooks	

PERSONAL INFORMATION

Last Name _____	First Name _____
Previous Name _____	

PROGRAM OF STUDY

Program Name _____

ADD CLASSES

Course Name & Number	Section Numbers				Comment
	Lecture	Lab	Tutorial	Practicum	

DROP CLASSES

Course Name & Number	Section Numbers				Comment
	Lecture	Lab	Tutorial	Practicum	

Office Use Only

Student financed by

Student Loan

Grant

Waiver

Waiver-Staff

Sponsored by: _____

Other _____

Total Fees _____

Deposit _____

Balance Due _____

Keyed by _____

I certify that the above information is correct to the best of my knowledge. The personal information collected on this form and other personal information collected and maintained as part of a student record will be used for the purposes of admission, registration, issuing tax receipts, and for College research and planning. In signing this form, a student consents to disclosure of personal information to the Medicine Hat College Students' Association, to Statistics Canada as required by the Statistics Act (Canada) and to Alberta Advanced Education to meet reporting requirements and for statistical, funding, planning or research purposes. The personal information requested on this form is collected under the authority of the Post-secondary Learning Act and Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. The information collected will only be used for the purposes of delivery and administration of educational training and services. Questions concerning the collection, use or disposal of this information should be directed to the FOIP Coordinator, Medicine Hat College, 299 College Drive SE, Medicine Hat, AB, T1A3Y6, or 403-529-3800 or foip@mhc.ab.ca.

Student Signature: _____ Date: _____

IF REQUIRED – Program Coordinator, Dean or Academic Advisor
Signature: _____ Date: _____

Course Add/Drop Form

It is your responsibility to ensure that this form is received at Student Services by the **ADD/DROP DEADLINE** listed in the Academic Schedule (see the MHC Calendar)

If you drop a course, you will receive a refund (minus registration deposit) and the course will not appear on your transcript.

Please make sure you understand the consequences of dropping or adding classes. If you have any questions please consult an academic advisor or your Program Coordinator.

Dropping a Class?

- Most students need to be enrolled in at least 9 credits to be considered a full-time student.
- Student Loans, Grants, Scholarships and other forms of funding may be impacted.
- Is the class required for your program?
- Is this class a pre-requisite for required courses in your program?

Adding a Class?

- Ensure that you have the pre-requisites for the class.
- If the course is outside your program area, you may need special permission to enroll in the class. Check with your program coordinator or academic advisor.