Registrar's Office Atlantic School of Theology 660 Francklyn Street, Halifax, Nova Scotia B3H 3B5 Telephone: (902) 425-3691

COURSE LEAVE AND ENTER FORM ACADEMIC YEAR 2021-2022

| Term of Change: | Summer 2021 | Fall 2021 | Winter 2022 | | |
|---|---------------------------------------|--|---|-------------------------------|--|
| Last Name | | rirst Name | Faculty Advisor | | |
| LEAVING A COURSE | | | | | |
| IT IS THE STUDENT'S LEAVING A COURSE | | THE COURSE INSTRUCTOR | R(S) AND YOUR FACULTY AD | VISOR KNOW THAT YOU ARE | |
| I am leaving the following | · · · · · · · · · · · · · · · · · · · | | | | |
| Course Number | Course Name | | Course Instructor | Credit Value | |
| Course Number | Course Name | | Course Instructor | Credit Value | |
| Student Name | | Student Number or Signature | | Date | |
| ENTERING A COURSI | | | | | |
| | | THEIR FACULTY ADVISOR TO TAIN PERMISSION FROM THE | ENTER A COURSE (OR COUR COURSE INSTRUCTOR. | SES). <i>IF THE COURSE IS</i> | |
| I request permission to | enter: | | | | |
| Course Number | Course Name | | Course Instructor | Credit Value | |
| Date approved by Faculty Advisor I request permission to enter: | | Date approved by Course Instructor (required when entering a course that is in progress) | | | |
| Course Number | Course Name | | Course Instructor | Credit Value | |
| Date approved by Faculty Advisor | | Date approved by Course Instructor (required when entering a course that is in progress) | | | |
| Student Name | | Student Number or Signa | ture | Date | |
| | | | THDRAWAL AND REFUND SCH RSE WITHDRAWALS AND TUIT | | |
| TO BE COMPLETED B | Y THE REGISTRAR'S OFF | ICE | | | |
| Date Received by Regis | strar's Office | Date Entered into Data | abase Date | Copy Sent to Business Office | |
| Eligible for tuition refund. | | Not eligible for tuition refund | . Co | ppy for Business Office | |