

GRADUATE STUDIES – OFFICE OF THE REGISTRAR
UNIVERSITY OF WINNIPEG
WITHDRAWAL / COURSE CHANGE FORM

WITHDRAWAL

FULL NAME: _____ STUDENT NUMBER: _____

COMPLETE ADDRESS: _____

COURSE NUMBER: _____ COURSE TITLE: _____

TUITION PAID: _____ PROGRAM OF STUDY: _____

SIGNATURE: _____ DATE: _____

COURSE CHANGE: (Theology/MFT “course-based” students - the non-refundable
