

Notice of Collection of Personal Information

Your personal information is collected under the authority of the *University of Ottawa Act*, 1965, in accordance with the *Freedom of Information and Protection of Privacy Act* of Ontario and University Policy 90. The personal information you provide on this form will be used by the University for purposes consistent with the administration of University programs and activities, and the provision of services and performance of functions including recruitment, admission, registration, academic programs, evaluations, official document requests, financial aid and awards, assisting student associations and graduation. If you have questions about the collection, use and disclosure of your personal information, please contact InfoService at 613-562-5630 or infoservice@uOttawa.ca.

**MODIFICATION / CANCELLATION OF ENROLMENT
(UNDERGRADUATE STUDIES)**

- IN ORDER TO EXPEDITE THE PROCESSING OF ANY APPLICABLE REFUNDS, PLEASE PROVIDE COMPLETE AND ACCURATE DATA AND SIGN THE FORM.
- DO NOT WRITE IN SHADED AREAS.

THIS REQUEST APPLIES TO THE FOLLOWING TERM FALL WINTER SPRING/SUMMER SUMMER STUDENT NO.

LAST NAME FIRST NAME MIDDLE NAME
E-MAIL

	CURRENT DATA	NEW DATA
FACULTY	<input type="text"/>	<input type="text"/>
DEPARTMENT	<input type="text"/>	<input type="text"/>
DEGREE SOUGHT (PROGRAM OF STUDIES)	<input type="text"/>	<input type="text"/>
CLASSIFICATION	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
CAMPUS	<input type="text"/>	<input type="text"/>

COURSE CODE							SECTION	LABORATORY (LAB)	DISCUSSION GROUP (DGD)	AUDITOR (AUD)	REP. (✓)	FOR FACULTY USE ONLY
LETTERS	NUMBERS											
1	2	3	4	5	6	7	8	9	10	11		
A	B	C	1	2	3	4						

REGISTRATION CONDITIONS YES NO

NOTE
YOUR REGISTRATION IS NOT OFFICIAL UNTIL APPROVED BY THE FACULTY.

COURSE CODE							SECTION	LABORATORY (LAB)	DISCUSSION GROUP (DGD)	AUDITOR (AUD)	REP. (✓)	FOR FACULTY USE ONLY
LETTERS	NUMBERS											
1	2	3	4	5	6	7	8	9	10	11		
A	B	C	1	2	3	4						

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE. I AM ALSO AWARE THAT MY RIGHT TO A REFUND IS DETERMINED ACCORDING TO THE IMPORTANT ACADEMIC DATES AND DEADLINES ON THE UNIVERSITY WEBSITE.

_____ SIGNATURE (STUDENT)

SIGNATURE (DEPARTMENT)

SIGNATURE (FACULTY)

