



Red Deer College
 100 College Blvd.
 Box 5005
 Red Deer, Alberta
 CANADA T4N 5H5
 Telephone: 403.342.3400
 Fax: 403.357.3660
 E-mail: registrars@rdc.ab.ca
 Web-site: www.rdc.ab.ca

COURSE ADD/DROP

OFFICE USE ONLY	
INPUT DATE	INITIALS

The personal information that you provide on this form is being collected under the authority of the Post-Secondary Learning Act and the Freedom of Information and Protection of Privacy Act of Alberta. It will be used by the Registrar's office for the purpose of adding and/or dropping courses at Red Deer College and updating the student record. This information will be protected in compliance with the provisions of the Freedom of Information and Protection of Privacy Act of Alberta. The information will be retained in accordance with approved Information Management guidelines, after which it will be destroyed in a secure manner. Questions regarding this form may be directed to the Registrar's Office, Red Deer College, 100 College Blvd., Box 5005, Red Deer, AB T4N 5H5. Telephone 403.342.3300.

- **PLEASE PRINT CLEARLY**
- **IT IS YOUR RESPONSIBILITY** to ensure that this form is received in the Office of the Registrar by the ADD/DROP deadlines listed in the Academic Schedule (see the RDC Academic Calendar).
- If dropping courses reduces your total credits to less than that required per term, your student loan/grant **WILL be cancelled**.

LAST NAME	FIRST NAME	MIDDLE NAME
RDC ID NUMBER	PROGRAM	MAJOR
YEAR OF PROGRAM (CHOOSE <input checked="" type="checkbox"/> ONE) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		

ADD A COURSE

TERM: FALL (September to December)				
CRN 1-5 DIGITS	SUBJECT ACCT	COURSE #202	SECTION A	COMMENTS
TERM: WINTER (JANUARY to APRIL)				
TERM: (CHOOSE <input checked="" type="checkbox"/> ONE)				
<input type="checkbox"/> SPRING (May to June) <input type="checkbox"/> SUMMER (July to August)				

DROP A COURSE

TERM: FALL (September to December)				
CRN 1-5 DIGITS	SUBJECT ACCT	COURSE #202	SECTION A	COMMENTS
TERM: WINTER (JANUARY to APRIL)				
TERM: (CHOOSE <input checked="" type="checkbox"/> ONE)				
<input type="checkbox"/> SPRING (May to June) <input type="checkbox"/> SUMMER (July to August)				

STUDENT SIGNATURE	DATE
INSTRUCTOR OR ADVISOR COMMENTS	
ADVISOR SIGNATURE	DATE
INSTRUCTOR NAME AND SIGNATURE (REQUIRED FOR A LATE ADD OF A COURSE OR AUDIT)	
NAME (Please Print)	SIGNATURE DATE