

FACULTY OF THEOLOGY

REQUEST FOR REGISTRATION ASSISTANCE

STUDENT NAME:		
(First Name)		(Last Name)
STUDENT #	PROGRAM:	
DATE OF REQUEST:		
I hereby request for assistance from the	Student Services Officer to	:
\Box cancel \Box register the follows	ing course(s) on ROSI:	
Term: Course #	Section:	(e.g., L0101)
Course Title:		
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Course Title:		
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Course Title:		
The request is necessary because:		
\Box this is a course that must be regis	stered by the Student Servic	es Officer.
\Box I missed the ROSI deadline, e.g.,	sign up/drop date.	
\Box I am FINCA'd and deregistered I	by ROSI.	
Other: (<i>please explain</i>)		
Student's Signature:		
Student Services		
Officer Signature:	Date Entered on R	OSI: