

Return to Full-Time Studies Enrolment Services & Student Records

For more information or to request alternate formats of this form for accessibility, please contact central@durhamcollege.ca

This application is specifically for students who have dropped down to part-time status or stopped attending for one or more semesters, and wish to return to full-time studies in the same program. Please submit completed form to your Faculty office.

First Name: Last Name:

Student Banner Number: Telephone Number:

DC Email:

Program Information

Name of Program:

Year You Wish to Enter: Semester You Wish to Enter:

Last Year Completed: Last Semester Completed:

Last Year of Attendance:

Consent Declaration

By submitting this form, I declare the above information to be true and accurate to the best of my knowledge as of the date of submission

Date Submitted:

	Of	fice Use C	nly		
Decision:	Not Accepted	Fu	ıll Acceptance		
Academic Standing:	00	01	02	SC	SA
	PA	SF	SE	0S	
Term Code:		Progra	am Code:		
Year Code:		Seme	ster Code:		
Comments:					

Decision Date: Dean Signature:

Decision Code: Processed Date:

Processed by First Name: Processed by Last Name:

Academic Standing Legend			
Code	Description		
00	Good		
01	Good + Probation 1		
02	Good + Probation 2		
0S	Good + Suspended 1		
SC	Suspended 1 + Probation 1		
SA	Suspended 1		
PA	Probation 1		
SF	Good + Suspended 1 + Probation 2		
SE	Good + Suspended 1 + Probation 1		

Notice of Collection

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