

Intake Change Request Form

~For International students who wish to change their start date to the next intake within Durham College but have not paid any tuition fees~

Student and Program Change Information (must be filled out in full)

Student Name (as on passport) _____

Durham College Student ID _____ DCIN number (if known) _____

Student email address (not agent email) _____

Student phone number _____ Campus of study: Oshawa Whitby Pickering

Original Program(s):

First Program Choice: _____ Second Program Choice: _____

First Program Start Date: _____ Second Program Start Date: _____

New Program(s): (please check the availability of the program at www.durhamcollege.ca/programs)

First Program Choice: _____ Second Program Choice: _____

First Program Start Date: _____ Second Program Start Date: _____

Reason for program change request (check all that apply):

- Financial reasons
- Medical / Health reasons
- Family reasons / Family emergency
- Other (please explain) _____

* Intake Change Requests are made ONLY for students who have NOT paid any tuition fees.

* No intake change requests will be granted for students who have already landed in Canada. Please note that students will only be allowed one intake change request. All other requests will be denied and students will be instructed to reapply for admission to Durham College.

* It is the sole responsibility of the student to cancel any residence, accommodation or arrival services for the January intake and re-book for the next available intake if necessary

Students must scan and send a copy of the following documents with this letter

- Copy of valid passport (all marked pages)
- If already obtained - Copy of entry visa (TRV) for Canada in your passport
- If already obtained - Copy of the letter from CIC granting you the study permit
- Documentation to prove reason for request

Please complete the following form and return no later than 4 p.m. (EST) September 19, 2017 to:

Office of International Education, Durham College Email:
intlfinance@durhamcollege.ca | Fax: +1-905-721-3014
Subject line: Intake Change Request - (Student Number)

DECLARATION

I declare that the above information is true and complete. I understand that any false or incomplete information submitted may result in my intake change request being denied.

Date: _____ Signature of Applicant: _____