

CHANGE OF REGISTRATION

SPRING: ____	FALL: ____	SUM: ____	YEAR: _____
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Name: _____
Last First

Student's ID#: _____

Daytime Ph#: (____) _____

Evening Ph#: (____) _____

Email: _____

Reason for Change: ____ Class Cancelled ____ Medical ____ Relocation ____ Other: _____

DROP

ADD Advisor's signature is required for all courses being added

CRN	Subject	Course #	Sec. #	Sem. Hrs

CRN	Subject	Course #	Sec. #	Sem. Hrs

FINANCIAL AID STUDENTS

Financial Aid Counselor's signature is required prior to any changes to your registration

 Financial Aid Counselor's Signature

 Date

 Academic Advisor's Signature

 Date

 International Advisor's Signature

 Date

 Student's Signature

 Date

INTERNATIONAL STUDENTS on F1 or J1 status must obtain International Student Advisor's signature.

