## CHANGE OF REGISTRATION

### Name:
_______________________________

### Student ID #
_________________________________________

### Contact #
(________) _____________________________

### Email:
_________________________________________

### Major:
_________________________________________

### Reason for Change:
- Class Cancelled
- Medical
- Relocation
- Other: __________________________________

### DROP

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<th>CRN</th>
<th>Subject</th>
<th>Course #</th>
<th>Sec. #</th>
<th>Sem. Hrs</th>
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### ADD

Advisor’s signature is required for all courses being added

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### FINANCIAL AID STUDENTS

Financial Aid Counselor’s signature is required for registration changes.

Financial Aid Counselor’s Signature
_________________________________________

Date
__________

### VETERAN STUDENTS (including dependents using VA benefits)

VA School Certifying Official’s signature is required for registration changes.

VA School Certifying Official’s Signature
_________________________________________

Date
__________

### INTERNATIONAL STUDENTS

on F1 or J1 status must obtain International Student Adviser’s signature.

International Student Advisor’s Signature
_________________________________________

Date
__________

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Please return completed form in person, by e-mail, by mail or by fax to:

**Office of the Registrar, Chicago**: 425 S. Wabash Ave., 1M14 Chicago, IL 60605, (312) 341-3535 fax: (312) 341-3660

**Office of the Registrar, Schaumburg**: 1400 N. Roosevelt Blvd., Schaumburg, IL 60173, Rm. 125, (847) 619-7950/7951 fax: (847) 619-7960

Email: registrar@roosevelt.edu

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