

CHANGE OF REGISTRATION

<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year _____
Are you a Student Athlete? <input type="checkbox"/> Yes Are you using Veteran benefits? <input type="checkbox"/> Yes	

Name: _____

Student ID: _____

Contact # or Email: _____

DROP/WITHDRAW Course(s)

CRN	Subject	Course & Section #	Hrs

ADD Course(s)

CRN	Subject	Course & Section #	Hrs

Student's signature & date are required for all changes to be processed. Academic advisor signature & date is required for all courses being added.

 Student's Signature Date (MM/DD/YYYY)

 Academic Advisor's Signature Printed Name Date (MM/DD/YYYY)

 Instructor's Signature Printed Name Date (MM/DD/YYYY)
 (Required at the start of the Second Week of Session)

 Department Chair Signature Printed Name Date (MM/DD/YYYY)
 (Required at the start of the Second Week of Session)

Financial Aid Students
 Financial Aid Counselor's signature, printed name, & date is required if your registration status changes from full-time to part-time

 Financial Aid Counselor's Signature Printed Name Date (MM/DD/YYYY)

Veteran Students (including dependents using VA benefits)
 VA School certifying official's signature, printed name, & date is required for registration changes.

 VA School Certifying Official's Signature Printed Name Date (MM/DD/YYYY)

International Students
 Student's on a F1 or J1 status must obtain an International student advisor's signature, printed name, & date.

 International Student Advisor's Signature Printed Name Date (MM/DD/YYYY)

Student Athletes
 Athletics Department Representative's signature, printed name, & date is required if the registration status changes from full-time to part-time.

 Athletics Representative Signature Printed Name Date (MM/DD/YYYY)

Registration Agreement: I have read and will abide by all Roosevelt University polices and regulations, including the withdrawal/refund policies. I am responsible for all charges incurred by this registration. I also acknowledge that my registration will be cancelled if I am suspended and I may not attend class(es) unless officially registered. I understand that if I default in making full payments to my account that my account may be placed for collections. Upon placement, I will be responsible for paying all collection fees incurred by the University as a result of pursuing any unpaid balance. The collection agency fee is based on a percentage of my balance, not to exceed 35% of the account balance. In the event my account is turned over to an outside collections agency, it will have a negative impact on my credit report.

Please return the completed form in person, by e-mail, mail or by fax to either (Digital pictures of the form are not acceptable):
 Office of the Registrar, Chicago: 425 S. Wabash Ave., 1M14 Chicago, IL 60605, Phone: (312) 341-3535 fax: (312) 341-3660, Email: registrar@roosevelt.edu or **First Stop,**
 Schaumburg: 1400 N. Roosevelt Blvd., Schaumburg, IL 60173, Rm. 125, Phone: (847) 619-7950, Fax: (847) 619-7922