ROOSEVELT UNIVERSITY

# CHANGE OF REGISTRATION

**Name:** _____

**Student ID #**_____

**Contact #** (_____) _____

**Email:** _____

| **Semester:** | **Year:** | **Level:** | **Campus:** | **College:** |
|---|---|---|---|---|
| __ Fall | | __ Undergraduate | __ Chicago | __ AS __PA |
| __ Spring | _____ | __ Graduate | __ Schaumburg | __ BN __ PH |
| __ Summer | | __ Doctoral | __ Online | __ ED |

**Reason for Change:** _____**Class Cancelled** _____**Medical** _____**Relocation**

**Other**: _____

## DROP

| CRN | Subject | Course # | Sec. # | Sem. Hrs |
|---|---|---|---|---|
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## ADD Advisor's signature is required for all courses being added

| CRN | Subject | Course # | Sec. # | Sem. Hrs |
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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 Advisor's signature.

_____ _____
International Student Advisor's Signature Date

_____
Student's Signature Date

_____ _____ _____
Academic Advisor's Name (Print) Signature Date

_____ _____ _____
Instructor's Name (Print) Signature Date
**(Second week of session only)**

_____ _____ _____
Dept. Chair/College Designee's Name Signature Date
**(Second week of session only)**

**Registration Agreement:** I have read and will abide by all Roosevelt University polices and regulations, including the withdrawal and 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 collection. Upon placement, I will be responsible for all collections cost assessed, which can add additional charges up to 40% of my outstanding bill.

**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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