CHANGE OF REGISTRATION

Name: __________________________________________
Student ID # ____________________________________
Contact # (_______) ________________________________
Email: __________________________________________

Reason for Change: _____Class Cancelled    _____Medical    _____Relocation
Other: __________________________________________

DROP

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<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.

Student’s Signature ____________________________ Date ____________
Financial Aid Counselor’s Signature ____________________________ Date ____________

VETERAN STUDENTS (including dependents using VA benefits)
VA School Certifying Official’s signature is required for registration changes.

Student’s Signature ____________________________ Date ____________
VA School Certifying Official’s Signature ____________________________ Date ____________

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

Student’s Signature ____________________________ Date ____________
International Student Advisor’s Signature ____________________________ Date ____________

Registration Agreement: I have read and will abide by all Roosevelt University policies and regulations, including the withdrawal and refund policies. I am responsible for all charges incurred by this registration. 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 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
Rev. 10/04/2017