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/WITHDRAW

CRN	Subject	Course #	Sec. #	Sem. Hrs

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

CRN	Subject	Course #	Sec. #	Sem. Hrs

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 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, Phone: (312) 341-3535 fax: (312) 341-3660
Office of the Registrar, Schaumburg: 1400 N. Roosevelt Blvd., Schaumburg, IL 60173, Rm. 125, Phone: (847) 619-7950, Fax: (847) 619-7922
Email: registrar@roosevelt.edu

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