

CHANGE OF REGISTRATION

Name: _____

Student ID # _____

Contact # (_____) _____

Email: _____

Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year: _____	Level: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Doctoral	Campus: <input type="checkbox"/> Chicago <input type="checkbox"/> Schaumburg <input type="checkbox"/> Online	College: <input type="checkbox"/> AS <input type="checkbox"/> PA <input type="checkbox"/> BN <input type="checkbox"/> PH <input type="checkbox"/> ED
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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