# 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.

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Financial Aid Counselor’s Signature: ____________________________ Date: ____________

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**Veteran Students (including dependents using VA benefits)**

VA School Certifying Official’s signature is required for registration changes.

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

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**International Students**

On F1 or J1 status must obtain International Student Advisor’s signature.

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International Student Advisor’s Signature: ____________________________ Date: ____________

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**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 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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