



Please press down firmly.

REGISTRATION CHANGE NOTICE

Name of Student

Drop Add Withdrawal

Date

Social Security Number

Curriculum _____ Term _____
 Fall Spring Summer

ADD

Dept.	Course No.	Sec. No.	Course Title	Credit Hours	Day	Hours	Instructor's Signature	Date

DROP

Dept.	Course No.	Sec. No.	Course Title	Credit Hours	Day	Hours	Instructor's Signature	Date	Last Date Attended	Final Grade

Signature of Student	Credit Hours Before Change	Credit Hours After Change
Signature of Advisor		

Signature of Associate Dean of Student Development (or designee)	Reason(s) for Change(s)	
Signature of Dean of Finance & Administration Services		
Original Registration Receipt Number & Date		
Tuition Due		Amount
Registration Change Fee		
Tuition Refund Check Number		

Note: Student initiates this form and obtains necessary signatures of instructors, Advisors, Associate Dean of Student Development (or designee), and/or Registrar. Student will then present this form to the Registrar for Clearance and necessary action.

White Copy -- Business Office Yellow Copy -- Financial Aid Pink Copy -- Registrar Gold Copy -- Faculty