CHANGE OF REGISTRATION FORM



This form is to be used for any change of registration and requires the advisor's signature prior to submission to the Registrar's Office.

Student Name:				□ January □ Summe		_
COURSE WIT	HDRAWAL (drop)					
Course	Course Title	Cr.	Check one			Instructor's signature
Number		Hrs.	Drop	W	Other	required after class begins
COURSE ENF	ROLLMENT (add)					
Course Number	Course Title	Cr.	Cr. Check Hrs. Credit		9	Instructor's signature required after class begins
		Hrs.			Audit	
COURSE CHA	ANGE (change of credit h	ours or statu	s)	·		
Course	Course Course Title Cr.		Change			Instructor's signature
Number	Course Title	Hrs.	From		То	required after class begins
and fall semester cannot be made a notation on their t course during the Students seeking the last day of cla medical will be re	es, and after the first day of Januafter the first two weeks. A stude transcript. After the first two weeks last four weeks of class will resula withdraw-medical (WM) must asses of the term in which the co	ary and summer sent can change coks, the student mault in a failing gradifile a formal writtenurse is taught. In the Seminary cert	semesters. urse load of ay withdraw de; withdraw en request the case of ification from	Change of during the far and rece wal for mew with the Doff medical community that the treater of the community that the treater than the trea	f status from irst two we ive a WP of dical reason ean of the causes, a stating physic	Seminary no later than 5 p.m. of student who receives a withdrawcian or therapist of the student's
Student's signature:						Date:
Advisor's signature (required):						Date:
Financial Aid Coordinator (required for withdrawing ONLY):						Date:
FOR OFFICE USE ONLY						
Percent refu	und due: %	□NA				Original hours:
Add/drop fee: □ Yes □ No □ NA						Change:
Date processed:						Balance:

Original: Registrar Yellow: Financial Aid Pink: Student