VALID FOR 72 HOURS ONLY
STUDENT'S REQUEST FOR CHANGE OF REGISTRATION

Name:_____ Date Issued:_____

Department	Course #	Sec.	Credit Hrs.	Last Date of Attendance	Instructors
Drop:	*******	***	***	*****	*********
Add:	*******	***	***	Grade	*********

Are you receiving financial aid? ☐ Yes ☐ No

Approved:_____

Reason for Drop/Add Changes:_____

Student:_____ Advisor:_____