



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

Name: _____ Date Issued: _____

Department	Course #	Section	Credit Hours	Last Date of Attendance	Instructors
Drop:					
Add:					

Are you receiving financial aid? Yes No Approved: _____

Reason for Drop/Add Changes: _____

Student: _____ Advisor: _____

Date Returned: _____ (Changes go into effect on the date returned)