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

Name: _____ **Advisor Signature:** _____

Department	Course#	Section	Credit Hours	Last Date of Attendance	Instructor Signature
Drop:					

Department	Course#	Section	Credit Hours	Last Date of Attendance	Instructor Signature
Add:					

Are you receiving Financial Aid? Yes ☐ No ☐ Approved _____

Reason for Drop/Add Changes: _____

Date Issued: _____ Student Signature _____

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

Revised 5/2015