CHANGE OF REGISTRATION

57'					
1.	I wish to withdraw from				
	Course No.	Course Title	CrHrs	Non-CrHrs	Audit Hr
2.	I wish to register for				
	Course No.	Course Title	CrHrs	Non-CrHrs	Audit Hr
3. 4. 5.	Number of hours be Number of hours aft This change w change. Reasons for change	efore the change: CrHrs ter the change: CrHrs v <u>ill</u> will not require other changes in e:	Non-CrHrs Aud Non-CrHrs Aud n my schedulesepAarate form n	it Hrs must bid ed out for each	n addional
<u>INS</u>		_ <u>TO WITHDRAW_</u> est of the above-named student. At th	ne tim		
	Date:				
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ON C	:				
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DEC Convice com	The request of the a () Ap Reasons: Signature: Date: CISION OF THE VICE PR The request of the a () Ap Reasons: Signature: Date: Signature: Date: nplete this form, obtain the aputerized listing of the register.	RESIDENT FOR ACADEMIC AFFAIRS above-named stuide change his registrate proved e proper signatures, and reture tofffice Affairs is the effective date efdhange. gistration indicating the change.	() Rejected Sation is () Rejected e of the Vice President for Act	ademic Affairs. Thæds	