

CHANGE OF REGISTRATION

Name: (Print) _____ Class: _____ Date: _____

Signature: _____

1. I wish to withdraw from

Course No.	Course Title	CrHrs	Non-CrHrs	Audit Hrs

2. I wish to register for

Course No.	Course Title	CrHrs	Non-CrHrs	Audit Hrs

3. Number of hours before the change: CrHrs _____ Non-CrHrs _____ Audit Hrs _____

4. Number of hours after the change: CrHrs _____ Non-CrHrs _____ Audit Hrs _____

5. This change _____ will _____ will not require other changes in my schedule. ~~Separate form must be filed out for each additional change.~~

Reasons for change: _____

INSTRUCTOR'S APPROVAL TO WITHDRAW

I approved the request of the above-named student. At the time

Date: _____

DECISION OF ADVISOR

The request of the above-named student to change his/her registration is
() Approved and/or Recommended () Rejected

Reasons: _____

Signature: _____

Date: _____

DECISION OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS

The request of the above-named student to change his registration is
() Approved () Rejected

Reasons: _____

Signature: _____

Date: _____

Complete this form, obtain the proper signatures, and return to Office of the Vice President for Academic Affairs. The signature by the Vice President for Academic Affairs is the effective date of change. The Academic Advisor and the student are given a computerized listing of the registration indicating the change.

For Office Use:	Fee: _____	Date Received: _____
	By: _____	