

# Registration/Schedule Change Form

(MUST USE BLUE OR BLACK INK)

_____	_____	_____
Last Name	First Name	MI
_____	_____	_____
Date	Rank	FR ___ SO ___
Id Number: _____	Major: _____	JR ___ SR ___
Cell Phone # _____	Term & Year: _____	

**ADD THE FOLLOWING COURSE SECTIONS:**

- ❖ Courses may not be added after first week of term, except: internships, theatre practicums, music lessons and ensembles.
- ❖ ALL closed courses require signature of instructor (or Department Chair in their stead)

Course #	Sect. #	Course Title	Cr. Hrs.	Option*	Faculty Approval for Closed Class

\*Option Column pertains only to those students choosing to change credit type for a course (i.e. Audit, S/U, Honors)  
 Student is responsible for completion & submission of any additional forms as required.

**Total Semester Hours Added:** \_\_\_\_\_

**WITHDRAW THE FOLLOWING COURSE SECTIONS:**

- ❖ Beginning the second week of class, instructor and advisor signatures are required for withdrawal from ALL classes.
- ❖ DO NOT WAIT UNTIL THE LAST MINUTE. This form will not be accepted past the deadline or without signatures.

Course #	Sect. #	Course Title	Cr. Hrs.	Option*	Last Attended	Instructor's Signature

Beginning the 2nd week of classes, for all withdrawals: students will receive a "W" on their transcript, but it will not be considered in the calculation of GPA. **Students must withdraw by Monday at 5pm of the 11<sup>th</sup> week of class;** there is no provision for withdrawing from a class beginning Tuesday of the 11<sup>th</sup> week of class, a grade of "F" will be issued and will be included in the GPA calculation.

**Total Semester Hours Withdrawn:** \_\_\_\_\_

\*\*If total for the term drops below 12 credit hours, additional signatures required:

**Total Registered Hours After Change(s):** \_\_\_\_\_ \*\*

Financial Services: \_\_\_\_\_

**(Full time registration is a minimum of 12 hours. Additional fee required for more than 20 credit hours)**

Student Affairs: \_\_\_\_\_

I certify that, to the best of my knowledge, I have met all the requirements necessary to make the changes requested above.	I support the requested changes and certify that they are consistent with the student's program of study.
_____ Student's Signature (required)	_____ Advisor's Signature
_____ Date	_____ Date