



# CHANGE OF REGISTRATION

NAME	STUDENT ID NO.	BOX NO.	DATE
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SUMMER  
  FALL  
  SPRING

Obtain signatures from instructors and adviser and return form to Academic Adviser or Student Help Desk.

	COURSE	SECT	SH	P/F	COURSE TITLE	INSTRUCTOR
ADD						
DROP						
SECT CHANGE OR P/F		From:				
		To:				
		From:				
		To:				

TOTAL S.H.

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ADVISER SIGNATURE