

CHANGE OF REGISTRATION

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

Signature: _____

1. I wish to withdraw from

Course No.	Course Title	CrHrs	Non-CrHrs	Audit Hrs
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2. I wish to register for

Course No.	Course Title	CrHrs	Non-CrHrs	Audit Hrs
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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. A separate form must be filled 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 of withdrawal, his/her grade in the course is _____.
(Please place a "WP" or a "WF" in the blank.)

Signature(s): _____

Date: _____

INSTRUCTOR'S APPROVAL TO REGISTER

I approve the request of the above-named student to register in my course.

Signature(s): _____

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 the Office of the Vice President for Academic Affairs. The date signed by the Vice President for Academic Affairs is the effective date of the change. The Academic Advisor and the student are given an updated computerized listing of the registration indicating the change.

For Office Use:	Fee: _____	Date Received: _____
	By: _____	
Copy to: () Student	() Academic Advisor	() Appropriate Faculty