Student Registration Change Form

STUDENT ID _____ SOCIAL SECURITY NUMBER _____

YEAR 20____ ____Spring ___ Summer ____ Fall

NAME _____
last first middle

ADDRESS _____
phone

CITY/COUNTY _____
state zip code

DROP

COURSE ID	DEPT.	COURSE#	SECT.	SESSION	"X" IF AUDIT	COURSE TITLE	COLLEGE USE ONLY			
							CREDIT	GRADE/ DELETE	APPROVAL	REFUND

ADD

COURSE ID	DEPT.	COURSE#	SECT.	SESSION	"X" IF AUDIT	COURSE TITLE	CREDIT	TIME/ DAYS	APPROVAL	ROOM

STUDENT SIGNATURE _____ DATE_____

APPROVED BY COUNSELOR/ADVISOR _____ DATE _____

RECORDS OFFICE _____ DATE _____

Revised 11/05