

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

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

STUDENT SIGNATURE _____ DATE _____

APPROVED BY COUNSELOR/ADVISOR _____ DATE _____

RECORDS OFFICE _____ DATE _____