

## Change of Registration

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Semester: \_\_\_\_\_ Grad \_\_\_\_\_ Undergrad \_\_\_\_\_ Major: \_\_\_\_\_

Subject	Catalog # (4 digit)	Sec	Class # (4-5 digits)	Units Credit	Time Hours    Days	Course Title	Instructor
ADDS							

Subject	Catalog # (4 digit)	Sec	Class # (4-5 digits)	Units Credit	Time Hours    Days	Course Title	Instructor
DROPS							

For Office Use:      Process Date: \_\_\_\_\_ Authorized By: \_\_\_\_\_

CHANGE NOT EFFECTIVE UNTIL FILED IN THE OFFICE OF THE REGISTRAR.

The purpose of this form is to process your change of registration. Only "Directory Information" may be released to a third party.  
 All items are required. **Incomplete forms will NOT be processed.** Revised 8/31/2011