

Forms relating to registration changes must be brought to the Office of the Registrar at 115 Gilchrist Hall OR submitted from your **UNI Email** address to registrar@uni.edu for processing. **Forms from personal email addresses will not be accepted.**

Student Information

Name: _____ Student ID Number: _____

Semester: Fall Spring Summer

Year: _____

Course Information

Subject	Catalog # (4-digit)	Sec.	Class # (5-digit)	Units	Course Title	Approver's Signature (when applicable)*

**Signatures may be required for adding courses if enrollment would require override of prerequisites, closed class, class permissions, or time conflicts. Time Conflict errors require signatures from BOTH instructors for registration in the overlapping course.*

Student Signature: _____

Date: _____

*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.***