

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: _____

Are you seeking to drop **ALL** of your courses for the indicated term? ☐ Yes* ☐ No

**If yes, please complete the Withdrawal Form available through the Office of the Registrar*

Course Information

Subject	Catalog # (4-digit)	Sec.	Class # (5-digit)	Units	Course Title	Approver's Signature (Only if Drop Consent or Co-Requisite Req'd)

If this drop transaction will bring my course load below full-time, I have spoken to Financial Aid to discuss the ramifications.

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.***