GRAND VIEW UNIVERSITY

CHANGE OF REGISTRATION

Local Phone

Your I.D. No.	
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Credit Hours Before Change

	Section	Танна	Section	Cuadit					
	Number	Term	Title	Credit	Professor	Day	Hour	Location	
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		+ +							
dc									
Drop									
		† †							
		+ +							
р									
Add									
						Credits Hours After Change			
Advisor's Signature:			Date:		Term 1, 3, 5	Term 2, 4, 6	Full Semester classes		
Stuc	dent's Signature:			Date:					
-						T-1-1-0 !!			
Bu	siness Office Use					Total Credit			

Change is not effective until filed in the Registrar's Office-

GRAND VIEW UNIVERSITY

CHANGE OF REGISTRATION

Your I.D. No.	

Local Phone	

Name

Credit Hours Refore Change

Stuc	dent's Signature:		Date:					
Adv	isor's Signature:			Date:		Term 1, 3, 5	Term 2, 4, 6	Full Semester classes
				Credits Hours After Change				
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	Number	Term	Title	Credit	Professor	Day	Hour	Location
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