

CHANGE OF REGISTRATION

Your I.D. No. _____

Local Phone _____

Name _____

Credit Hours Before Change

	Section Number	Term	Section Title	Credit	Professor	Credit Hours Before Change		
						Day	Hour	Location
Drop								
Add								
Advisor's Signature: _____ Date: _____						Credits Hours After Change		
						Term 1, 3, 5	Term 2, 4, 6	Full Semester classes
Student's Signature: _____ Date: _____								
						Total Credit Hours		
Business Office Use								

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

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