# VALID FOR 72 HOURS ONLY
# STUDENT'S REQUEST FOR CHANGE OF REGISTRATION

Name:_____ Date Issued:_____

| Department | Course # | Sec. | Credit Hrs. | Last Date of Attendance | Instructors |
|---|---|---|---|---|---|
| Drop: | ******* | *** | *** | ***** | ********* |
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| | | | | | |
| Add: | ******* | *** | *** | Grade | ********* |
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Are you receiving financial aid? ☐ Yes ☐ No

Approved:_____

Reason for Drop/Add Changes:_____

Student:_____ Advisor:_____