



# REGISTRATION & SCHEDULE CHANGE FORM

Term:  FA  WI  SP  SU Year: \_\_\_\_\_

\_\_\_\_\_  
Last Name, First Name

\_\_\_\_\_  
Student ID Number

ADDS			COMPLETE THIS SECTION FOR OVERRIDES ONLY			
CRN	Course <i>(e.g. WR 121)</i>	Course Title <i>(e.g. English Comp)</i>	This Section MUST be Completed for Overrides ↓	Instructor Check ALL Approved Overrides*		Instructor Signature & Date <i>(Required for Overrides)</i>
				<input type="checkbox"/> Late Add	<input type="checkbox"/> Overload Class	
				<input type="checkbox"/> Time Conflict	<input type="checkbox"/> Co/Prerequisite	
				<input type="checkbox"/> Special Approval	<input type="checkbox"/> Reg Restriction	
				<input type="checkbox"/> Late Add	<input type="checkbox"/> Overload Class	
				<input type="checkbox"/> Time Conflict	<input type="checkbox"/> Co/Prerequisite	
				<input type="checkbox"/> Special Approval	<input type="checkbox"/> Reg Restriction	
			<input type="checkbox"/> Late Add	<input type="checkbox"/> Overload Class		
			<input type="checkbox"/> Time Conflict	<input type="checkbox"/> Co/Prerequisite		
			<input type="checkbox"/> Special Approval	<input type="checkbox"/> Reg Restriction		
			<input type="checkbox"/> Late Add	<input type="checkbox"/> Overload Class		
			<input type="checkbox"/> Time Conflict	<input type="checkbox"/> Co/Prerequisite		
			<input type="checkbox"/> Special Approval	<input type="checkbox"/> Reg Restriction		
			<input type="checkbox"/> Late Add	<input type="checkbox"/> Overload Class		
			<input type="checkbox"/> Time Conflict	<input type="checkbox"/> Co/Prerequisite		
			<input type="checkbox"/> Special Approval	<input type="checkbox"/> Reg Restriction		

\* **Overrides:** **Late Add** - Authorization to register *AFTER* the first week of term. **Overload Class** - Authorization to override the class limit. **Time Conflict** - Authorization to override class time conflict. **Co/Prerequisite** - Authorization to override course Co/Prerequisite. **Special Approval** - Authorization to override course restrictions (e.g. Instructor/Dept approval required, max credit hrs exceed). **Reg Restriction** - Authorization to override registration restrictions (e.g. major, program, degree, level restrictions etc).

DROPS <i>(Tuition Refunds thru first week of term ONLY)</i>			COMPLETE FOR WITHDRAWALS ONLY
CRN	Course <i>(e.g. WR 121)</i>	Course Title <i>(e.g. English Comp)</i>	Instructor Signature & Date <i>(Required for Withdrawals-After 21<sup>st</sup> Day)</i>

Is this a **COMPLETE WITHDRAWAL** from ALL Courses?  NO  YES

NOTE: If checked YES, you will be withdrawn from all courses for the current term.

_____ <b>Adviser Signature -</b> <i>(Required for <u>all</u> Withdrawals AFTER first week of term)</i>	_____ <b>Date</b>	_____ <b>Financial Aid Signature -</b> <i>(Required for <u>all</u> Withdrawals AFTER first week of term)</i>	_____ <b>Date</b>
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I acknowledge that my registration signifies consent to, and acceptance of, all policies and procedures governing my enrollment, including financial liability. I choose the above schedule and understand that I am responsible for officially withdrawing from any course in which I am enrolled and failure to do so may result in a failing grade. In addition, I understand that I am personally liable for all costs associated with my courses, including tuition and fees, whether or not I receive any financial assistance in the form of grants, loans or payments from any third party sources. I further understand that my academic schedule must meet requirements for federal financial aid and/or veteran's benefits and deviation without prior approval may result in repayment and/or loss of federal financial aid or veteran's benefits. I certify that all the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
**Student Signature - Signifies Approval & Authorization**

\_\_\_\_\_  
**Date**

NOTE: See schedule for important term dates & deadlines and drop/withdrawal procedures.