

## Change of Registration Form

Name:			SSN				
Term:		Year:	Program of Study:				
Add Drop Course Course	Change Status Co	ourse Number	Course Title	Prof	Credits	CR to AU	AU to CR
		Enrolled Credits after Change Change of Credit + / -					
Student Signa	ature / date						
Advisor Signa	ature / date						
Registrar Sign	nature / date						
For Office U	se Only:						
Registrar		Business Office	Financial	Aid Ac	lvisor		Student