

CHANGE OF STUDENT RECORD FORM

Semester/Session: Fall Spring Summer Year: 20

NAME: DATE:

(Last)
(First)
(M.I.)

STUDENT ID #:

CHANGE INITIATED BY: Student Administrator

DROP

CRN	Course & Number	Section Number	Hours

ADD

CRN	Course & Number	Section Number	Hours	Audit	Instructor's Signature <i>(optional after "add period")</i>

REINSTATE

CRN	Course & Number	Section Number	Hours	Instructor's Signature <i>(required)</i>

RATIONALE REQUIRED: *(With supporting documentation, as applicable.)*

ACADEMIC APPROVAL:

Division Dean, Executive Dean, Assistant Dean, or Dept. Chair

Date

It is the student's responsibility to take this form to the Registrar's Office. The official drop date is the date this form is received and processed in the Registrar's Office.

I am aware that the above actions may affect my academic record, my financial charges, and my financial aid. I agree to follow the terms and conditions published in the college catalog and student handbook.

Student's Signature

Date

Processed By

Date

Copies: Registrar's Office; Student