

# Research College of Nursing

## Change of Registration Form

Date \_\_\_\_\_

Term	Student Number	Last Name	First Name	M.I.

Add	Drop	Course No.	Title	Last date of attendance	Credit Hours	Instructor's Signature

Check here if this is a total withdrawal from all classes this term.

Reason for withdrawing from class(es).

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\_\_\_\_\_ Number of hours this term before change

\_\_\_\_\_ Number of hours this term after change

**NOTICE:** Changes in your academic course load will affect your semester charges. If you have any questions, contact the Financial Aid Office.

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Dean's Signature Date

\_\_\_\_\_  
Adviser's Signature Date

No change is final until this request has been processed by the Registrar's Office.

\_\_\_\_\_  
Financial Aid Signature Date

\_\_\_\_\_  
Date Processed Init.