



## Change Registration Request Form

Term:  Fall  Winter  Spring  Summer Year: \_\_\_\_\_

Student ID#	Last Name	First Name	Middle Initial	Military Benefits (Yes/No)

Course Code	Section	Credit Hours	Course Title	Add	Drop	Withdraw	Credit/Audit

### Tuition Adjustments

Add/Drop Week 100% less \$20 fee  
2<sup>nd</sup> week 80% refund  
Between 2-3 weeks, 60% refund  
Between 3-4 weeks, 40% refund  
Between 4-5 weeks, 20% refund  
Over 5 weeks no adjustment

For withdrawal from courses outside of the registration period, I acknowledge and assume full responsibility and release the college administration from any and all liability as a result of changes made to my schedule.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

### Financial Aid:

Are you a recipient of financial aid?  Yes  No

If yes, you must obtain a signature from your financial aid advisor

\_\_\_\_\_

Financial Aid Advisor's Signature

\_\_\_\_\_

Date

### REGISTRAR'S OFFICE USE ONLY:

LDA: \_\_\_\_\_

\_\_\_\_\_

Term Record Updated by

\_\_\_\_\_

Date

Copies to Registrar, Student, Financial Aid, Business Office, Academic Advisor