

CHANGE IN REGISTRATION FORM

TERM: FALL SPRING
 WINTER SUMMER
YEAR _____

DATE _____ Adv. initials _____

Name _____ Site _____ Student Number _____
 First Middle Last
 Address _____ Apt. No. _____ Day Phone _____
 City _____ State _____ Zip _____ Eve. Phone _____
 Degree or certificate program _____ Major _____

ADD COURSES BELOW										DAYS							DROP COURSES BELOW							
Course ID number	Section	Site number	Format	RPT	P / NP	Audit	No credit	Tuition		M	T	W	R	F	S	U	TIMES	Start date	Course	Course ID number	Section	Site number	Format	Start date
Total current credits (After change in registration)									Late registration fee			<input type="checkbox"/> Receiving VA benefits?			Reason for drop _____									
Spec. billing _____									Application fee			<input type="checkbox"/> Receiving financial aid?			LDA _____									
									Medical insurance fee						<input type="checkbox"/> Cancel F-1 medical insurance									
									Total															

REQUEST FOR REFUND/CREDIT

Please credit my Visa / Master Card / American Express

Please credit my account for this difference in tuition

If credit is due, please present this form at time of registration

Please refund me for the difference in tuition

Student signature _____
Date signed _____

FOR OFFICE USE ONLY

Date of receipt _____ By _____

Refund eligibility % _____ Amount paid _____

Reason for ineligibility _____

Financial aid officer's initials _____ Refunded to _____

Registrar's signature _____

Controller's signature _____

VA representative's signature _____

Amount of refund \$ _____ Check number _____

Date mailed _____

If and only if a refund is requested, four copies must be submitted to the Registrar's Office.