

CHANGE OF REGISTRATION FORM

<u>STUDENT'S LAST NAME</u>	<u>FIRST NAME</u>	<u>MIDDLE INITIAL</u>	<u>SSN</u>	<u>CURRICULUM #</u>
<u>STUDENT'S SIGNATURE</u>	<u>DATE</u>	CHANGE OF REGISTRATION FOR: Academic Year: _____ Academic Quarter (Please Circle Below): [OCT-DEC] [JAN-MAR] [APR-JUN] [JUL-SEP] 1 2 3 4		
<u>ACADEMIC ASSOCIATE'S SIGNATURE</u>	<u>DATE</u>			
<u>CURRICULAR OFFICER'S SIGNATURE</u>	<u>DATE</u>			
<u>CURRICULAR OFFICE CODE:</u> <input type="text"/> <input type="text"/>				

NOTE: Change of Registration Forms must have the **APPROVAL SIGNATURES** of both the Academic Associate and Curricular Officer **PRIOR** to being taken to the individual Professors/Instructor for signature.

COURSE WITHDRAWALS (DROPS)

COURSE Number	SEGMENT Number	Professor/Instructor's NAME (print legibly)	Professor/Instructor's SIGNATURE	DATE (DD/MM/YY)
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COURSE ENROLLMENTS (ADDS)

COURSE Number	SEGMENT CREDITS	Professor/Instructor's NAME (print legibly)	Professor/Instructor's SIGNATURE	DATE (DD/MM/YY)
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