



Enrollment Services
 PO Box 967
 Roseburg, Oregon 97470
 541.440.4604 | 541.440.7713
 Registration@umpqua.edu

Registration & Schedule Change Form

OFFICE USE ONLY:

Last Name _____ First Name _____ Student ID Number _____
 Term: Fall Winter Spring Summer Year: _____

Section 1 – ADDING A COURSE

CRN	Course	Course Title	Instructor USE ONLY		
40432 (Ex.)	WR121	English Comp	Check ALL approved Overrides* <input type="checkbox"/> Late Add <input type="checkbox"/> Time Conflict <input type="checkbox"/> Special Approval	<input type="checkbox"/> Overload Class <input type="checkbox"/> Co/Prerequisite <input type="checkbox"/> Reg Restriction	Instructor Signature & Date
			<input type="checkbox"/> Late Add <input type="checkbox"/> Time Conflict <input type="checkbox"/> Special Approval	<input type="checkbox"/> Overload Class <input type="checkbox"/> Co/Prerequisite <input type="checkbox"/> Reg Restriction	
			<input type="checkbox"/> Late Add <input type="checkbox"/> Time Conflict <input type="checkbox"/> Special Approval	<input type="checkbox"/> Overload Class <input type="checkbox"/> Co/Prerequisite <input type="checkbox"/> Reg Restriction	
			<input type="checkbox"/> Late Add <input type="checkbox"/> Time Conflict <input type="checkbox"/> Special Approval	<input type="checkbox"/> Overload Class <input type="checkbox"/> Co/Prerequisite <input type="checkbox"/> Reg Restriction	
			<input type="checkbox"/> Late Add <input type="checkbox"/> Time Conflict <input type="checkbox"/> Special Approval	<input type="checkbox"/> Overload Class <input type="checkbox"/> Co/Prerequisite <input type="checkbox"/> Reg Restriction	
			<input type="checkbox"/> Late Add <input type="checkbox"/> Time Conflict <input type="checkbox"/> Special Approval	<input type="checkbox"/> Overload Class <input type="checkbox"/> Co/Prerequisite <input type="checkbox"/> Reg Restriction	

*Late Add – Authorization to register after the first week of term.
 *Time Conflict – Authorization to override class time conflict.
 *Special Approval – Authorization to override course restrictions (ex. Instructor/Dept approval required, max credit hrs exceed).
 *Reg Restriction – Authorization to override registration restrictions (ex. Major, program, degree, level restrictions, etc.)
 *Overload Class – Authorization to override the class limit.
 *Co/Prerequisite – Authorization to override course Co/Prerequisite.

Section 2 – DROPPING and/or WITHDRAWING COURSES – Complete if applicable

Is this a **COMPLETE WITHDRAWAL** from **ALL** courses? Yes No
Note: If checked YES, you will be withdrawn from ALL courses for the current term.

CRN	Course	Course Title	Instructor Signature & Date
40432 (Ex.)	WR121	English Comp	Required for ALL schedule changes AFTER 21 st day

Advisor Signature _____ **Date:** _____
Required for ALL schedule changes AFTER first week of term

Financial Aid Signature _____ **Date:** _____
Required for ALL schedule changes AFTER first week of term

I acknowledge that my registration signifies consent to, and acceptance of, all policies and procedures governing my enrollment, including financial liability. I choose the above schedule and understand that I am responsible for officially withdrawing from any course in which I am enrolled and failure to do so may result in a failing grade. In addition, I understand that I am personally liable for all costs associated with my courses, including tuition and fees, whether or not I receive any financial assistance in the form of grants, loans or payments from any third party sources. I further understand that my academic schedule must meet requirements for federal financial aid and/or veteran's benefits and deviation without prior approval may result in repayment and/or loss of federal financial aid or veteran's benefits. I certify that all the above information is true and accurate to the best of my knowledge.

Student Signature _____ **Date:** _____
Signifies Approval & Authorization