



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.)	WR121Z	Composition	Check ALL approved Overrides*	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
			<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 need to complete the [Full Course Withdrawal form](#)

CRN	Course	Course Title
40432 (Ex.)	WR121Z	Composition

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