In order for your record to be updated, return this form to the Registration & Financial Services, MOH 205.

Student name: ____________________________________________  College Id#: ____________________________

Semester/Session: __________  Campus: □ Day □ Evening □ Online □ Nationwide, specify location __________

ORIGINAL REGISTRATION:

  Course Prefix ______  Course # ________  Course Title ________________________________

CHANGE TO:

  Course Prefix ______  Course # ________  Course Title ________________________________

Signature: ____________________________________________  Date: ____________________________

Student Records & Transcripts: ____________________________  Date: ____________________________