

**Student Records**  
**CHANGE OF REGISTRATION FORM (ADD/DROP)**

Date: \_\_\_\_\_

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name

\_\_\_\_\_

Last Name

Student's ID Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Standing: \_\_\_\_\_

Semester/Term: \_\_\_\_\_

Year: \_\_\_\_\_

ADD					DROP				
CLASS NO.	SUBJECT	CATALOG NO.	SECTION	FACULTY SIGNATURE	CLASS NO.	SUBJECT	CATALOG NO.	SECTION	FACULTY SIGNATURE

IMPORTANT: PLEASE SECURE ALL APPROPRIATE PERMISSIONS PRIOR TO SUBMISSION TO STUDENT RECORDS.

\_\_\_\_\_  
ACADEMIC ADVISOR

\_\_\_\_\_  
DATE

<p>_____ STUDENT RECORDS</p>	<p>_____ DATE RECEIVED</p> <p>_____ DATE PROCESSED</p>
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