



COURSE REGISTRATION / CHANGE FORM

Last Name: _____ First Name: _____ Middle Initial: _____ Date: _____

ID Number: _____ Changing courses for: Spring Summer Fall Year: _____

Action <small>A=Add, U=Audit, W=Withdraw</small>	CRN <small>(Banner Ref #)</small>	Course/Sect Code	Course Title	Professor	Credit

[For Clinic or Externship changes, secure Faculty Director's approval first: _____]

[For LATE Adds secure Professor approval. Professor's Printed Name: _____]

Professor Signature: _____

Special Instructions/Notes: _____

Updated in database by: _____ Approved by Assistant Dean: _____