

CHANGE OF REGISTRATION

Name:					Semester:	Year:	Level:	Campus:		College:
Student ID #					Fall Spring Summer		Undergraduate Graduate Doctoral	duate Schaumburg		AS
Contact # ()							1		
Email:					Major:					
Reason for C	hange:	_Class Cancelled	Med	dicalF	Relocation _	Other:	·		<u>.</u>	
DROP					_	ADD Adv	visor's signature is req	uired for all cou	ırses being	added
CRN	Subject	Course #	Sec. #	Sem. Hrs		CRN Subject		Course #	Sec.	# Sem. Hrs
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FINANCIAL A	LID STUDENTS									
Financial Aid Counselor's signature is required for registration changes.					<u>-</u> Si	tudent's Signa	ture			 Date
						tuuciit 3 Jigila	iture			Date
Financial Aid Counselor's Signature Date					-					
	•	uding dependents signature is require	•	•	А	.cademic Advis	sor's Signature			Date
					Ā	.cademic Advis	sor's Name (Please Print			
VA School Certifying Official's Signature Date										
INTERNATIONAL STUDENTS on F1 or J1 status must obtain International Students Advisor's signature.					ıdent ^{Ir}	Instructor's Signature (Late Registration only)				Date
International Student Advisor's Signature				 Date	 Ir	nstructor's Nar	me (Please Print)			

Please return completed form in person, by e-mail, by mail or by fax to: