



Registration and Schedule Change

Student Name: _____ Student ID: _____

Phone: _____ Email Address: _____

Mailing Address: _____ City, State, Zip: _____

Term: Fall Spring Summer 20____ **Registration opens:** _____, 20____

Course Reference Number (CRN)	Course Prefix	Course Number	Time	M T W Th F	Credit Hours	RHSC?	Override Approval
	SGSC	1000					

Alternate Courses					
Course Reference Number	Course Prefix	Course Number	Time	M T W Th F	Credit Hours



Courses to be Dropped					
Course Reference Number	Course Prefix	Course Number	Time	M T W Th F	Credit Hours

Student Signature _____ Date _____

Advisor Signature: _____ Date _____

VP for Academic and Student Affairs (required if taking 19 or more hours): _____

Office Use Only: Processed by: _____ Date: _____