



## 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

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: \_\_\_\_\_