Permit and Petition for Registration Change

Semester___________________ Year ________ Campus Location ________________

Student Name___________________________________________________________ ID #____________
(use one sheet per request)

ADD after the semester/cycle begins
Course # and Title________________________________________________________

Reason for ADD __________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Supporting documentation attached _____Yes _____NO
(Medical, Change of job, Change in work schedule, etc.)

Payment Plan____________________________________________________________
Late adds(if approved) must have payment prior to processing.

Signatures:
Student _______________________________ Site Director or advisor_____________________

DROP/WITHDRAWAL after the semester/cycle begins

Course # and Title________________________________________________________

Reason for Drop/Withdrawal_______________________________________________
________________________________________________________________________
________________________________________________________________________
Supporting documentation attached _____Yes _____NO
(Medical, Change of job, Change in Work Schedule, etc.)

No refund requested _____ Partial refund requested _____ 100% refund ______

Did you request financial aid _____Yes _____No?

Did you already receive loan money for this semester _____Yes _____No?

Signatures:
Student _______________________________ Site Director or advisor_____________________
