

**IMMACULATA UNIVERSITY COLLEGE OF UNDERGRADUATE STUDIES
CHANGE OF REGISTRATION FORM**

PLEASE PRINT

Semester: _____ Year: _____

Name: _____

ID/SSN: _____

Courses ADDED:		
CRN	Course # & Section	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Courses DROPPED:		
CRN	Course # & Section	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Advisor Signature: _____

Student Signature: _____ Date: _____

Processed by (signature & title) _____ Process Date _____ Effective Date (if different) _____

Total credits AFTER change(s): _____