

Rollins

OFFICE OF THE REGISTRAR

Registration Change Form

Student Name: _____ R -Number: _____

Term: Fall Spring Summer Maymester Year: _____

Student Type: College of Liberal Arts Hamilton Holt School

Check one:		CRN (90068)	Subject (ENG)	Crse # (201)	Section (H1X)	Title (Major English Writings)	Instructor Signature & Date (if required – see below)	Office use
ADD	DROP							

Students should consult their course schedule and/or catalog relevant to deadlines, policies and procedures prior to initiating changes to registrations. Withdrawal and refund deadlines will be strictly enforced.

Advisor signature required for all changes.

Instructor signature required for courses listed as "consent" on schedule of classes.

For prerequisite waivers, use the **Instructor Consent Form** on the Registrar website.

Student Signature: _____ Date: _____

Advisor Name (please print): _____

Advisor Signature: _____ Date: _____

CLA students: Submit to the Office of the Registrar in Carnegie Hall.
Holt students: Submit to your academic advisor.

<i>For Office Use Only:</i>	Date received: _____	Processed by: _____
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