

## CHANGE OF REGISTRATION (ADD/DROP) FORM

### Student Information:

Name \_\_\_\_\_ SUID# \_\_\_\_\_  
*Last First MI or SSN*

Email Address: \_\_\_\_\_@southwestern.edu Phone: \_\_\_\_\_

### Request change of:

Add (Audit only?  Y  N)  Change to P/D/F from Grade  
 Drop  Change to Grade from P/D/F

**Course Information:** Semester: \_\_\_\_\_ 20 \_\_\_\_\_

Course Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*Subject Course Number Course Section*  
(MAT52) (154) (02)

Meeting Time: \_\_\_\_\_ Days of week: \_\_\_\_\_

**Applicable Approval:** (please see signature time-table at [www.southwestern.edu/academic/registrar](http://www.southwestern.edu/academic/registrar))

\_\_\_\_\_  
*Instructor's Signature (after 3<sup>rd</sup> day of sem, or if full or SignatureReq) Printed Instr. Name* Date: \_\_\_\_\_

\_\_\_\_\_  
*Advisor's Signature (after 2nd week of class) Printed advisor Name* Date: \_\_\_\_\_

#### Office Use Only:

Date Entered: By: \_\_\_\_\_ WOR  WR  IW

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