



CHANGE OF REGISTRATION FORM

**Please consult the Academic Catalog for information on adding/dropping courses, deadlines, and how changes in registration may affect your tuition bill.*

Student's Name _____
Last Name First Name M.I.

Address _____
Street Address Box/Apt # City State Zip Code

Phone _____ E-mail _____

Degree Program _____

Check All That Apply:

- I am dropping / adding the following classes.
 I am dropping all of my classes and will resume my studies at Central at a later date.
 (Please indicate when you plan to return _____)
 I am dropping all of my classes and will not return to Central.

**If you are dropping all your classes, you do not need to complete the chart.*

Add	Drop	Semester	Course #	Section #	Course Title	Credit Hours

Reason(s) for change: _____

ACKNOWLEDGEMENT: I am aware of the policies regarding changes in registration and understand the academic and/or financial implications of my requested changes.

Student's Signature _____ Date _____

FOR OFFICE USE ONLY

Registrar's Signature _____ Official Change Date _____

Fee Refund? Yes / No
 Full Tuition Refund? Yes / No
 Charge for _____ contact hours

Current Credit Hours: _____
 Populi _____ Moodle _____ Business Office _____