

**CHANGE OF REGISTRATION STATUS FORM
PLEASE FAX OR SEND BY EXPRESS MAIL**

Date: _____
Change Initiated By: _____
Student Name: _____
Social Security No.: _____
Site: _____
Term: _____

CHANGE (PLEASE CHECK THE FOLLOWING):

Course No.: _____	Course No.: _____
_____ Credit to Audit	_____ Credit to Audit
_____ Audit to Credit	_____ Audit to Credit

DROP

_____ Withdraw*	_____ Withdraw*
------------------------	------------------------

***(Please see catalog under Withdrawing and Dropping).**

REASON FOR CHANGE OF STATUS AND ADDITIONAL COMMENTS:

Student Signature: _____