

DATE _____

STUDENT INFORMATION

REFUND REQUESTED MAJOR CODE _____ SEMESTER/YEAR _____ OFF-CAMPUS SITE _____

NAME _____ STUDENT ID NO. _____
Last First Middle

ADDRESS _____
Street/Apt. No. City State ZIP Phone

1. I receive veterans education benefits Yes No
Veterans are required to give a reason (see below) for dropping classes. _____
Veterans Affairs Coordinator Signature Date
2. I am an international student Yes No
ISSS signature required only if DROPPING BELOW full-time status (12 credits for undergraduate students and 9 credits for graduate students) _____
International Student and Scholar Services Signature Date
3. I am a student-athlete Yes No
Athletics Coach Signature Date
4. This is my first registration at Florida Tech Yes No
Athletics Compliance Officer Signature Date

Submit form with appropriate signatures, directly to the Registration Center/Off-Campus Site. Do not list individual course(s) if dropping all classes or withdrawing from the university. Please check plans to return or not. Select one option box (1, 2 or 3) below.

1. Drop me from all my classes I do not plan to return I plan to return _____ semester
2. I am not currently registered—withdraw me from the university
3. Process course(s) listed below

CRN	PREFIX	COURSE NO.	SECTION	COURSE TITLE	CRS.	AUDIT	CEU
DROP	_____	-	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
DROP	_____	-	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
DROP	_____	-	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
ADD	_____	-	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
ADD	_____	-	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
ADD	_____	-	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

ANY LINE LISTED ABOVE THAT IS CROSSED OUT MUST BE INITIALED BY ADVISER.

MY REASON FOR REQUESTING THIS CHANGE IS _____

Students are responsible for meeting all published prerequisite requirements for their registered courses to ensure they have the background necessary for successful performance. A student who fails or drops a prerequisite course after registration for the following term, must, in consultation with his/her adviser, submit a "Change in Registration Status" form to add the prerequisite course.

I HAVE ATTENDED _____ WEEK(S) OF CLASSES Student Signature/Date _____

ACADEMIC ADVISER APPROVAL REQUIRED

Academic Adviser/Site Representative Signature _____ Date _____

Comments _____

DEADLINES PUBLISHED IN THE SCHEDULE OF CLASSES AND ONLINE—DEVIATIONS TO POLICY SUBJECT TO DEAN'S APPROVAL

Academic Unit Head/Program Chair Signature _____ Date _____

College Dean Signature _____ Date _____

University Registrar Signature _____ Date _____

FOR OFFICE USE ONLY

Final Grades will be: No Record W NA Tuition Credit (%) _____

Processed by _____ Date _____ SGASTDN: WS WR SFAREGS: ESTS Code _____ RSTS _____

Title IV Recipient? Yes No Financial Aid Initials/Date _____ Campus Services/Housing Initials/Date _____