



KEEP A COPY FOR YOUR RECORDS

DATE \_\_\_\_\_

CHANGE IN REGISTRATION STATUS

STUDENT INFORMATION: Florida Tech Online students should scan and email the form to their representative or fax the form to 800-576-8532. All other students may use the information at the bottom of the form or bring to the Registration Center.

MAJOR CODE \_\_\_\_\_ TERM \_\_\_\_\_ OFF-CAMPUS SITE \_\_\_\_\_

NAME \_\_\_\_\_ STUDENT ID NO. \_\_\_\_\_
Last First Middle

I HAVE ATTENDED \_\_\_\_\_ WEEK(S) OF CLASSES. Student Signature/Date \_\_\_\_\_

- 1. I receive veterans education benefits.
2. I am an international student.
3. I am a student-athlete.
4. This is my first registration at Florida Tech.

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.
2. I am not currently registered—withdraw me from the university.
3. Process course(s) listed below.

Table with columns: SELECT ONE ADD/DROP, CRN, PREFIX, COURSE NO., SEC, COURSE TITLE, CRS., INSTRUCTOR, SELECT ONE AUDIT/CEU

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

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.

ACADEMIC ADVISOR APPROVAL REQUIRED

Academic Advisor/Site Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

ADDITIONAL SIGNATURES MAY BE REQUIRED

Academic Unit Head/Program Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

College Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Account Management Signature \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_