



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
Veterans are required to give a reason (see below) for dropping classes.
2. I am an international student
ISSS signature required only if DROPPING BELOW full-time status (12 credits for undergraduate students and 9 credits for graduate students)
3. I am a student-athlete
4. This is my first registration at Florida Tech

Financial aid may be affected if DROPPING BELOW full-time status (12 credits for undergraduate students and 9 credits for graduate students)

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

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. A student who fails or drops a prerequisite course after registration for the following term, must, in consultation with his/her advisor, submit a "Change in Registration Status" form to add the prerequisite course.

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 _____

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 _____

Florida Institute of Technology - Office of the Registrar