

CHANGE IN REGISTRATION STATUS

STUDENT INFORMATION: Florida Ter the form to 800-576-8532. All other student										
MAJOR CODE TERM						_ FLORIDATE	CH EMAIL			
NAME						STUDEN	NT ID NO			
Last First				M	ddle					
I HAVE ATTENDED WEEK(S) OF CLASSES.										
I receive veterans education benefits. Veterans are required to give a reason (see below) for dropping classes.					ns Affairs Coo	rdinator Signatu	re		Date	
I am an international student. ISSS signature required only If DROPPING BELOW full-time status (12 credifor undergraduate students and 9 credits for graduate students).				Intern	ational Studen	nt and Scholar Se	ervices Signature		Date	
3. I am a student-athlete.	☐ Yes		N	loAthlet	cs Coach Sign	nature			Date	
				Athleti	cs Compliance	e Officer Signatu	re		Date	
Financial aid may be affected If DROPPING BELOV	V full-time	statu	s (1	12 credits fo	r undergradu	ıate students aı	nd 9 credits for $arepsilon$	graduate students).		
Submit form with appropriate sig dropping all classes or withdrawing from th			-	_			•	•		
1. \square Drop me from all my classes. \square I do not plan to return.	🔲 I pla	an to	reti	urn				semester.		
2. \square 1 am not currently registered—withdraw me from the universi	ty. 3. 🖣	□ Pr	ОСЕ	ess course(s) listed belov	W.				
SELECT ONE CRN PREFIX COURSE NO. SEC ADD DROP					OURSE TITLE		CRS.	INSTRUCTOR	AUD	
									_	
									_	. <u>.</u>
o o										
ANY LINE LISTED ABOVE THAT IS CROSSED OUT MUST BE INITIAL										
MY REASON FOR REQUESTING THIS CHANGE IS										
Students are responsible for meeting all pu background necessary for successful perform term, must, in consultation with their ad	ance. A stu	dent	wh	io fails or di	ops a prereq	uisite course af	ter registration	for the following		
A	CADEMIC	ADV	ISC	OR APPROV	AL REQUIRE	ED				
Academic Advisor/Site Representative Signature						Dat	e			
Comments										
				S MAY BE						
Academic Unit Head/Program Chair SignaturePrint Name						Date				
College Dean Signature						Date				
Print Name						Duto				
Account Management Signature						Date				
Registrar Signature						Date				
		FOR (OFF	FICE USE ON	LY					
Final grades will be: 🔲 No Record 🗀 W 🗀 NA						, ,				
Processed ByDate	Date SGASTDN: 🖵 WS 🖵 WR					SFAREGS: ES	TS Code	RSTS		
Title IV Recipient? Yes No Financial Aid Initials/Date					Campu		using Initials/Da	te		