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 Phone: (210) 732-2156 ext. 7102
 Fax: (210) 732-9072
 Email: register@maccsa.org; www.maccsa.org

Registration Change Form

Student Name: _____ Major _____ Semester & Year _____

MACC Student ID Number _____ Cell Number ____ - ____ - ____ Email Address _____

Total Semester Hours before changes _____ Total Semester Hours after changes _____

Are you withdrawing from all your classes, and from MACC? Yes No

Course Letters	Course Numbers	Course Title	Professor's Name	Semester Hours
Add <input type="checkbox"/>				Credit <input type="checkbox"/>
Drop <input type="checkbox"/>				Audit <input type="checkbox"/>
Add <input type="checkbox"/>				Credit <input type="checkbox"/>
Drop <input type="checkbox"/>				Audit <input type="checkbox"/>
Add <input type="checkbox"/>				Credit <input type="checkbox"/>
Drop <input type="checkbox"/>				Audit <input type="checkbox"/>
Add <input type="checkbox"/>				Credit <input type="checkbox"/>
Drop <input type="checkbox"/>				Audit <input type="checkbox"/>
Add <input type="checkbox"/>				Credit <input type="checkbox"/>
Drop <input type="checkbox"/>				Audit <input type="checkbox"/>

Note: The tuition charges for the course(s) dropped will depend on the date this form is received in the Registrar's Office.

Student's Signature Date	Academic Advisor's Signature Date (if applicable)	Academic Dean's Signature Date
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9/21/2009

Registrar's Office Use (initial & date): DataBase _____ Student Registration Form _____ Class Roster _____ Registration Roster _____