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Registration Change Form

Student Name: _____ Major _____ Semester & Year _____

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
<i>Add</i> <input type="checkbox"/>				<i>Credit</i> <input type="checkbox"/>
<i>Drop</i> <input type="checkbox"/>				<i>Audit</i> <input type="checkbox"/>
<i>Add</i> <input type="checkbox"/>				<i>Credit</i> <input type="checkbox"/>
<i>Drop</i> <input type="checkbox"/>				<i>Audit</i> <input type="checkbox"/>
<i>Add</i> <input type="checkbox"/>				<i>Credit</i> <input type="checkbox"/>
<i>Drop</i> <input type="checkbox"/>				<i>Audit</i> <input type="checkbox"/>
<i>Add</i> <input type="checkbox"/>				<i>Credit</i> <input type="checkbox"/>
<i>Drop</i> <input type="checkbox"/>				<i>Audit</i> <input type="checkbox"/>
<i>Add</i> <input type="checkbox"/>				<i>Credit</i> <input type="checkbox"/>
<i>Drop</i> <input type="checkbox"/>				<i>Audit</i> <input type="checkbox"/>
<i>Add</i> <input type="checkbox"/>				<i>Credit</i> <input type="checkbox"/>
<i>Drop</i> <input type="checkbox"/>				<i>Audit</i> <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 Academic Dean's Signature Date
 (if applicable)