



CHANGE OF ENROLLMENT FORM

Students must obtain the signatures of the instructor offering the course, your Advisor, Dean of the Faculty, and Director of Business Administration. Only *after* ALL signatures are acquired, is this form then placed in the Registrar's mailbox for processing.

Student Legal Name: _____

Student Preferred Name (if used): _____

ID #: _____

Program: _____

Term: _____ **Year:** _____

Advisor: _____

ADD: _____

Course# _____ **Sect #** _____

Grade Option: LG ___ P/F ___ AU ___

Units _____

Faculty's Signature: _____ **Date:** _____

DROP: _____

Course# _____ **Sect #** _____

Units _____

Email Faculty

OPTION CHANGE: _____

Course# _____ **Sect #** _____

Grade Option: LG ___ P/F ___ AU ___

Units _____

SIGNATURES AND DATES (as required)

Advisor: _____

Dean of the Faculty: _____

Director of Business Administration: _____

Registrar: _____