

Change Of Registration (for dropping DSP or Health Science courses, dropping any course after the deadline*, changing to/from audit*)

LAST NAME _____ FIRST NAME _____ SOCIAL SECURITY # _____

SEMESTER/YEAR _____ STUDENT'S SIGNATURE _____ DATE _____

[1] Complete applicable sections [2] Get all required signatures or form can NOT be processed [3] Take completed form to Records Office

I wish to drop the following DSP or HEALTH SCIENCE courses: (if you are changing sections of DSP prior to the last day to add, this form is NOT needed)

Note: DSP Drops Are Not Final Until Approved By DSP Division Chair

DSP/Health Science Course ID	Instructor or Division Chair Signature	DSP/Health Science Course ID	Instructor or Division Chair Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I also wish to withdraw from all other classes. Financial Aid (if withdrawing) _____ Business Services (if withdrawing) _____

I wish to drop (or change to audit) the following courses **after the published deadline***: [Note to instructor: A grade **MUST** be assigned. If the student is passing or has mitigating circumstances-assign a "W" or "AU"; if the student is not passing and does not have mitigating circumstances-assign an "F"]

Course ID _____ Grade to be issued for course is: ___W ___AU ___F Instructor's signature _____

Course ID _____ Grade to be issued for course is: ___W ___AU ___F Instructor's signature _____

Course ID _____ Grade to be issued for course is: ___W ___AU ___F Instructor's signature _____

Financial Aid (if withdrawing) _____ Business Services (if withdrawing) _____ CoSCC D-15-03-07 AA/EOE

I wish to change* the following course **from credit** to "audit": _____

Course ID Course ID Course ID

I wish to change* the following course **from audit** to "credit": _____

Course ID Course ID Course ID

*check semester schedule for deadline

Office Use Only: Date Rcvd _____ Processed by _____ PAAH? _____
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