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: ___________________________ Year: _________________________
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: _______________________________________________________________________