



REGISTRATION REVISION FORM

OFFICE OF ADMISSIONS AND RECORDS (M/C 018)

Social Security Number _____

Last Name _____ First _____ MI _____

Term _____ 19 _____

College _____ Level _____

DROP				ADD			
Call No.	Subject	Course No.	Call No.	Subject	Course No.	Credit Hrs.	

CHANGE HOURS			
Call No.	Subject	Course No.	Var. Hrs.
			From To

College/Department Authorization: _____

Signature _____

Date _____

