

FITCHBURG STATE COLLEGE

REGISTRATION CHANGE FORM

Student Name: _____ Semester/Year: _____

Student ID #

			-			-			
--	--	--	---	--	--	---	--	--	--

I request the following changes to my schedule:

CRN	Subject/Course #	Add ✓	Drop ✓	Withdraw (initials required)		Course Closed Instructor or Dept. Chair Signature
				Instructor	Advisor	

Underload Warning: If this change reduces your course load to 11 semester hours or less the following could occur.

- 1) You will likely fall behind your class in credits passed and will not graduate on time.
- 2) You may not be eligible to participate in a varsity sport.
- 3) Your health insurance may be affected.
- 4) You will not be eligible for the Dean's list.
- 5) You may be ineligible for Financial Aid.
- 6) Your bill may be affected.

Student Signature: _____ Date: _____

Bring this form to the registration site for processing and to receive a confirmation printout of the changes.

White—Registrar's Office Yellow—Student