

For Official Use Only
Received

REGISTRATION CHANGES FORM

Semester/Year: Fall 20____ Spring 20____ Summer 20____

UA Student ID: _____ Name: _____ Phone Number: _____

ADD

Course Reference Number (CRN)	Subject	Course Number	Section	Course Title	Number of Credits or Audit	Printed Instructor Name	Instructor Approval/Signature	Date

CREDIT/AUDIT

Course Reference Number (CRN)	Subject	Course Number	Section	Course Title	Circle Action		Printed Instructor Name	Instructor Approval/Signature	Date
					Audit to Credit	Credit to Audit			

DROP/WITHDRAWAL

Course Reference Number (CRN)	Subject	Course Number	Section	Course Title	Code

Please Note:

- Deadlines for registration can be found on our webpage under Academic Calendars.
- Published deadlines are for regular full term courses.

TOTAL WITHDRAWAL. Please drop/withdraw me from ALL my classes. Student initials: _____

This form must be turned in to Student Services, Mat-Su College by the student for processing.

I understand that by signing I am responsible for tuition and fees associated with any course(s) for which I have registered. I am responsible for dropping courses by published deadlines to ensure charges are not incurred. I understand that if I default on this student account, I am responsible for the collection, attorney and legal fees. The University may garnish my Alaska Permanent Fund Dividend under Alaska Statutes 14.40.251 and 43.23.073. I also understand that the past due debt may be reported to credit bureaus.

Student Signature: _____ Date: _____

Revised: 23 June 2017

RO ADD/DROP

OFFICE USE Date entered: _____	Initials: _____	PMCS/Middle College _____	SPA _____ date	Advisor initials: _____
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