



## Non-Traditional Student Change of Registration Form

*Note: This form is intended for non-term students planning on dropping courses and starting a new course within 45 days of their last day of attendance. If you are **NOT** planning on returning and starting a new course within 45 days of your last day of attendance, please complete a *Withdrawal from University form*.*

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Session: S20 \_\_\_\_/20 \_\_\_\_

**Courses Added** (*Payment in full is required prior to attendance to any added courses.*)

Department	Course #	Section #	Start/End Date	Credit Hours

**Courses Dropped/Withdrawn**

Department	Course #	Section #	Start/End Date	Credit Hours	D or W

**Refund of dropped class/es is based on last date of attendance.** Last course attended: \_\_\_\_\_  
Last date of attendance: \_\_\_\_\_

**Reason for changes:** \_\_\_\_\_

**Dropping this course/s means I will not be enrolled in any courses during this 5-week session:** \_\_\_\_ Yes \_\_\_\_ No  
*If the answer is yes, and you plan on taking courses at OCU again, please complete the Intent to Return section below.*

### Intent to Return

I am dropping a course/s and will not be enrolled in any courses during the current 5-week session. My signature at the bottom of this form indicates that I intend to return and start a course **within 45 days** of my last date of attendance. If I cannot provide a signature on this signature, I have provided **an email** explaining my intent to return within 45 days of my last date of attendance along with this form.

**I plan to return and enroll in courses:** \_\_\_\_ Yes \_\_\_\_ No      **Expected date of return:** \_\_\_\_\_

**Changes to registration, such as adding or dropping a course, will affect students' financial aid and account balance. Students will be held responsible for any charges incurred.** Contact the Financial Aid Office (812-749-1224) and the Business Office (812-749-1244) **before** submitting this form.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Financial Aid Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Office Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Administrative Use Only

Date of next registered course (if registered): \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_