



Traditional Student Change of Registration Form

For students enrolled in traditional undergraduate and undergraduate programs

Student Name: _____ **ID#:** _____ **Semester/Yr:** _____

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

Department	Course #	Section #	Credit Hours	Instructor Signature

Courses Dropped/Courses from which the student intends to Withdraw (*Dropping courses is permitted until the last day to add/drop a course as stated on the academic calendar. Past this date, a student is considered to be withdrawing from a course. For information about how grades for withdrawn courses are assigned, please refer to the Academic Catalog. If you are dropping all courses, please submit a Withdrawal From University Form in collaboration with the Student Director of Student Life (Student Life Center Room 206, 812-749-1215).*)

Department	Course #	Section #	Credit Hours	Instructor Signature

Total hours of enrollment after change/s: _____

Adding and dropping courses may affect a students' financial aid and account balance. All students are encouraged to consult with the Financial Aid and Business Offices to discuss financial implications of changes to registration before submitting this form. **However, undergraduate students dropping below 12 credit hours (below full-time status) or 6 credit hours, and graduate students dropping below 6 credit hours MUST meet with the Financial Aid Office (812-749-1224) and the Business Office (812-749-1240) before submitting this form.**

Financial Aid Staff Signature: _____ Business Office Staff Signature: _____

Refund of tuition for dropped course/s is based on last date of attendance.

Last date of attendance: _____

Reason for change/s: _____

Advisor Name (Print): _____

Advisor Signature: _____

Student Signature: _____

Date: _____

Please submit completed form to the Office of Academic Affairs (Murray Center Room 206, 812-749-1238, academicaffairs@oak.edu).

Academic Affairs Office Use Only

Total hours of enrollment after registration change: _____

Means of notification: _____ In person _____ Phone _____ Email (Attach Copy)

Academic Affairs Staff Signature: _____

Date: _____