

By fax: 313-883-8682 By email: Registrar@shms.edu By mail: 2701 Chicago Blvd. Detroit, MI 48206

Change Registration Request Form

İ	Term: Student ID#		Fall Last Name		Winter Spring First Name		Summer Middle Initial		Year:	Year:		
									В			
Course Code		Section	on Credit Hours			Course Title		Drop	Withdraw	Credit Audi		
			ou intend to audit iich is available thi	rough the Of	fice of the Re		dit, you	will also	need to com	plete an A	udit	
/Dro week ween ween ween	80% re 2-3 we 3-4 we	100% le fund eks, 60% eks, 40% eks, 20%			full respon result of ch By signing Academic of appropriat student, I a comply wit	ledgments: awal from courses outside sibility and release the coll- tanges made to my schedu this form, I attest that I hav Catalog and understand my e grades needed to mainta attest that I understand the th all provisions, policies an academic Catalog.	ege adm le. ve reviev y rights a in good e require	wed the and resp academ	on from any a Sacred Heart onsibilities as ic standing. F if my progran	Major Sen a student urthermor	ninary as well as a e, as a and agre	
					Student Signature			 Date				
	Financia Are you		ent of financial a	nid?								
		-			ur financial	aid advisor before chang	ging you	ur regist	ration:			

REGISTRAR OFFICE USE ONLY

LDA: _____

Term Record Updated By Date

Date

Financial Aid Advisor Signature