



SACRED HEART MAJOR SEMINARY

Change Registration Request Form

Academic Year:

Term:

Student ID #	Last Name	First Name	Middle Initial

Course #	Course Title	Credit Hrs.	Add	Drop	Withdraw	Credit/Audit

Tuition Adjustments

Add/Drop Week 100% less \$20 fee
2nd Week 80% refund
Between 2-3 weeks 60% refund
Between 3-4 weeks 40% refund
Between 4-5 weeks 20% refund
Over 5 weeks no adjustment

Student Signature Date

Academic Advisor Date

Financial Aid Date

Dean of Studies/Assistant DoS Date

Please return to the Office of the Registrar:

By fax 313-883-8682
By mail 2701 Chicago Blvd.
Detroit, MI 48206

Copies to: Registrar, Student, Financial Aid, Business Office

Term Record Updated by Date