



Fontbonne University

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Change in Registration

All information must be completed. To be used for adjusting registration ONLY.

For withdrawal from all courses, use a Withdrawal from School form.

TODAY'S DATE: _____

STUDENT ID#: _____

NAME: _____

PHONE#: _____

Do you receive VA benefits of any kind? Yes No

TERM: _____ **YEAR:** _____

FALL

SPRING

SUMMER

DROP THE FOLLOWING:

Course ID/#	Section	Course Title	Instructor Signature	Cr Hrs

ADD THE FOLLOWING:

Course ID/#	Section	Course Title	Instructor Signature	Date	Cr Hrs

Student Signature Date

Advisor Signature Date

Dean Signature (required for overload) Date

Student Services Center (RYAN 209) Date

Total Hours before adjustment	
Total Hours dropped	
Total Hours added	
Total Hours after adjustment	

Registrar Office Signature (RYAN 205) Date

Effective Date