



QUINCY UNIVERSITY
OFFICE OF THE REGISTRAR

**CHANGE OF REGISTRATION
(ADD/DROP)**

Check One:

- FALL 20 _____
- WINTER 20 _____
- SPRING 20 _____
- SUMMER 20 _____

Local Phone # _____

Cell Phone # _____

Student Athlete

Student ID# _____

Name _____

COURSE ADDS

Course Prefix	Course No.	Section	Course Title	Credit Hours	Days	Begin Time	End Time	Instructor Signature <i>(for closed class or after add/drop period)</i>	Advisor Comment
<i>Alternate course selections (Please select at least 2 alternate courses in the event your original choices are not available.)</i>									

COURSE DROPS

Course Prefix	Course No.	Section	Course Title	Credit Hours	Days	Begin Time	End Time	Instructor Signature <i>(required after add/drop period)</i>	Advisor Comment

IMPORTANT: PLEASE BE AWARE THAT DROPPING COURSES MAY AFFECT YOUR FINANCIAL AID, ATHLETIC ELIGIBILITY AND/OR COMPLETING YOUR DEGREE REQUIREMENTS IN A TIMELY MANNER.

THESE CHANGES BECOME EFFECTIVE ONLY WHEN THIS FORM IS ACCEPTED BY THE REGISTRAR'S OFFICE.

STUDENT'S SIGNATURE

DATE

ADVISOR'S SIGNATURE

DATE

ASSISTANT DIRECTOR OF ATHLETICS SIGNATURE (if Student Athlete)

DATE

REGISTRAR'S OFFICE USE

Total Hours: Before _____ After _____

Initials: _____

Date: _____