### Change of Registration Form

**Office of the Registrar**
Tel. (718) 489-5242 Fax (718) 624-6677

**180 Remsen Street**
Brooklyn Heights, NY 11201

#### Last Name | First Name | Student’s (SIGNATURE) | Student’s ID Number
--- | --- | --- | ---

#### Instruction to Student:
- Indicate course and section to drop and add.
- Submit the completed form to your advisor for approval.
- Return the completed form to the Registrar’s Office in Room 2000.
- Drop/add is effective when this form is received in the Registrar’s Office.

- □ Fall (FA)
- □ January Intersession (IS)
- □ Summer I (S1)
- □ Spring (SP)
- □ May Mini-Mester (MI)
- □ Summer II (S2)
- □ Summer III (S3)

#### Year and Semester of Courses | Advisor’s Signature | Date
--- | --- | ---

**APPROVAL:**
- □ Chairperson’s Approval __________________________
- □ Instructor’s Consent __________________________
- □ Over tally of Course __________________________
- □ Waive pre-requisites* __________________________
  *(Pre-requisites must be satisfied prior to registration)*
- □ Overload* __________________________
  *(Indicate number of credits)*

#### DROP

<table>
<thead>
<tr>
<th>TERM</th>
<th>SUBJECT</th>
<th>COURSE NUMBER</th>
<th>SECTION</th>
<th>COURSE TITLE</th>
<th>CREDITS</th>
</tr>
</thead>
</table>

#### ADD

<table>
<thead>
<tr>
<th>TERM</th>
<th>SUBJECT</th>
<th>COURSE NUMBER</th>
<th>SECTION</th>
<th>COURSE TITLE</th>
<th>CREDITS</th>
</tr>
</thead>
</table>

Registrar’s Office – 04/2012