



# ST. FRANCIS COLLEGE

THE SMALL COLLEGE OF BIG DREAMS

180 Remsen Street  
Brooklyn Heights, NY 11201

Office of the Registrar  
Tel. (718) 489-5242 Fax (718) 489-2059

## Change of Registration Form

<b>Last Name</b>	<b>First Name</b>	<b>Student's (SIGNATURE)</b>	<b>Student's ID Number</b>

**Instruction to Student:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• <b>Indicate course and section to drop and add.</b></li> <li>• <b>Submit the completed form to your advisor for approval.</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Return the completed form to the Registrar's Office in Room 2000.</b></li> <li>• <b>Drop/add is effective when this form is received in the Registrar's Office.</b></li> </ul> |
|---|--|

20_____ <input type="checkbox"/> Fall (FA)	<input type="checkbox"/> January Intersession (IS)	<input type="checkbox"/> Summer I (S1)	
<input type="checkbox"/> Spring (SP)	<input type="checkbox"/> May Mini-Mester (MI)	<input type="checkbox"/> Summer II (S2)	<input type="checkbox"/> Summer III (S3)
<b>Year and Semester of Courses</b>		<b>Advisor's Signature</b>	<b>Date</b>

**APPROVAL:**

- |   |  |
|---|--|
| <input type="checkbox"/> Chairperson's Approval _____ | <input type="checkbox"/> Waive pre-requisites* _____<br><small>*(Pre-requisites must be satisfied prior to registration)</small> |
| <input type="checkbox"/> Instructor's Consent _____   | <input type="checkbox"/> _____ Overload* _____<br><small>*(Indicate number of credits)</small>                                   |
| <input type="checkbox"/> Over tally of Course _____   | <input type="checkbox"/> Athletics Academic Advisor Approval _____   |

	TERM	SUBJECT	COURSE NUMBER	SECTION	COURSE TITLE	CREDITS
<b>D R O P</b>						
<b>A D D</b>						