KEEP A COPY FOR YOUR RECORDS

Florida Institute of Technology

CHANGE IN REGISTRATION STATUS

DATE _____

STUDENT INFORMATION: Florida Tech Online students should scan and email the form to their representative or fax the form to (800) 576-8532. All other students may use the information at the bottom of the form or bring to the Registration Center.

☐ REFUND REQUESTED MAJOR CODE _____ SEMESTER/YEAR _____ OFF-CAMPUS SITE _____

NAME _____ STUDENT ID NO. _____
Last *First* *Middle*

I HAVE ATTENDED _____ WEEK(S) OF CLASSES *Student Signature/Date* _____

1. I receive veterans education benefits ☐ Yes ☐ No _____
Veterans are required to give a reason (see below) for dropping classes. *Veterans Affairs Coordinator Signature* *Date*

2. I am an international student ☐ Yes ☐ No _____
ISSS signature required only If DROPPING BELOW full-time status (12 credits for undergraduate students and 9 credits for graduate students) **or** *if withdrawing from the university.* *International Student and Scholar Services Signature* *Date*

3. I am a student-athlete ☐ Yes ☐ No _____
Financial aid may be affected If DROPPING BELOW full-time status (12 credits for undergraduate students and 9 credits for graduate students) *Athletics Coach Signature* *Date*
_____
Athletics Compliance Officer Signature *Date*

4. This is my first registration at Florida Tech ☐ Yes ☐ No

Submit form with appropriate signatures, directly to the Registration Center/Off-Campus Site. Do not list individual course(s) if dropping all classes or withdrawing from the university. Please check plans to return or not. *Select one option box (1, 2 or 3) below.*

1. ☐ Drop me from all my classes ☐ I do not plan to return ☐ I plan to return _____ semester
2. ☐ I am not currently registered—withdraw me from the university 3. ☐ Process course(s) listed below

SELECT ONE ADD	DROP	CRN	PREFIX	COURSE NO.	SEC	COURSE TITLE	CRS.	INSTRUCTOR	SELECT ONE AUDIT	CEU
☐	☐								☐	☐
☐	☐								☐	☐
☐	☐								☐	☐
☐	☐								☐	☐
☐	☐								☐	☐
☐	☐								☐	☐

ANY LINE LISTED ABOVE THAT IS CROSSED OUT MUST BE INITIALED BY ADVISOR.

MY REASON FOR REQUESTING THIS CHANGE IS _____

Students are responsible for meeting all published prerequisite requirements for their registered courses to ensure they have the background necessary for successful performance. A student who fails or drops a prerequisite course after registration for the following term, must, in consultation with his/her advisor, submit a "Change in Registration Status" form to add the prerequisite course.

ACADEMIC ADVISOR APPROVAL REQUIRED

Academic Advisor/Site Representative Signature _____ *Date* _____

Comments _____

SIGNATURES

Academic Unit Head/Program Chair Signature _____ Date _____

Print Name _____

College Dean Signature _____ Date _____

Print Name _____

University Registrar Signature _____ Date _____

Print Name _____

FOR OFFICE USE ONLY

Final Grades will be: ☐ No Record ☐ W ☐ NA Tuition Credit (%) _____

Processed by _____ Date _____ SGASTDN: ☐ WS ☐ WR SFAREGS: ESTS Code _____ RSTS _____

Title IV Recipient? ☐ Yes ☐ No *Financial Aid Initials/Date* _____ *Campus Services/Housing Initials/Date* _____

Florida Institute of Technology ▪ Office of the Registrar
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