

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)
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

Table with columns: SELECT ONE ADD DROP, CRN, PREFIX, COURSE NO., SEC, COURSE TITLE, CRS., INSTRUCTOR, SELECT ONE AUDIT CEU. Contains 6 rows of course information.

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 _____