

TUSKEGEE UNIVERSITY CHANGE-IN-REGISTRATION

Date _____

Student ID Number _____

COLLEGE/MAJOR _____

STUDENT'S NAME _____
LAST FIRST MIDDLE

	Course and Catalog Number	Section No.	Credit Hours	*R	Class Hour	Days of Week	*Instructor's Signature	Date
ADD								
DROP								

* Mark 'X' in REPEAT (R) Column if you are repeating a course.

* Instructor's signature permits a capacity over-ride.

Advisor's Signature

Student's Signature

Please Read and Follow
(Procedures on the back)

REVISED 11/05

Student-White

Registrar-Yellow

Dean-Pink

Advisor-Gold