Add/Drop Form
Sacred Heart University

STUDENT NO

SOCIAL SECURITY NO

NAME/LAST

FIRST

MI

STREET ADDRESS

PREVIOUS NAME (IF CHANGED FROM LAST REGISTRATION DATE)

CITY

STATE

ZIP

HOME PHONE

BUSINESS PHONE

EXT.

LOCAL ADDRESS (IF ANY) STREET

CITY

STATE

ZIP

CHANGE OF PROGRAM

COURSES ADDED

CATALOG NUMBER	SECT.	CR	FULL TITLE OF COURSE	PRINT TIME OF CLASS M	T	W	T	F	S

COURSES DROPPED

CATALOG NUMBER	SECT.	CR	FULL TITLE OF COURSE	PRINT TIME OF CLASS M	T	W	T	F	S

TOTAL CREDITS AFTER CHANGES

DIVISION

REGISTRATION AGREEMENT:

I ACCEPT THIS PROGRAM WITH FULL RESPONSIBILITY FOR THE COURSES SELECTED. I KNOW THAT ANY CHANGE MUST BE AUTHORIZED BY THE REGISTRATION OFFICIALS AND THAT THERE IS A FEE FOR THIS EXTRA SERVICE. I AM AWARE THAT NO DEDUCTION IN CHARGES IS MADE FOR TEMPORARY ABSENCE FROM CLASSES, NOR IS ANY REFUND MADE IF I AM SUSPENDED, DISMISSED OR LEAVE THE UNIVERSITY FOR ANY CAUSE. IF WITHDRAWAL BECOMES NECESSARY I MUST REPORT IN PERSON IMMEDIATELY TO THE STUDENT PERSONNEL OFFICE OR EVENING SCHOOL OFFICE FOR PROPER ARRANGEMENTS.

STUDENT'S SIGNATURE

DATE

DO NOT WRITE IN AREA BELOW FOR OFFICE USE ONLY

CHARGES

DATE	REFERENCE	AMOUNT
	BASIC TUITION	
	ACTIVITIES	
	REGISTRATION	
	STUDENT FEES	
	LABS	
	TOTAL	

FINANCIAL AID

DATE	REFERENCE	AMOUNT
	VALIDATION	

CREDITS

DATE	REFERENCE	AMOUNT

BALANCE

DATE		AMOUNT