

DATE _____

Student Information

REFUND REQUESTED MAJOR CODE SEMESTER/YEAR OFF-CAMPUS SITE

NAME Last First Middle STUDENT ID NO.

ADDRESS Street/Apt. No. City State ZIP Phone

Check Yes or No as appropriate

- 1. I receive veterans education benefits
2. I am an international student
3. I am a student-athlete
4. This is my first registration at Florida Tech

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

- 1. Drop me from all my classes
2. I am not currently registered—withdraw me from the university
3. Process course(s) listed below

Table with columns: CRN, PREFIX, COURSE NO., SECTION, COURSE TITLE, CREDITS, AUDIT, CEU. Rows include DROP and ADD entries.

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

MY REASON FOR REQUESTING THIS CHANGE IS

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

Academic adviser approval required

Comment(s)

Academic Adviser/Site Representative Date

The campus deadlines for dropping and adding course(s) are printed in the schedule of classes. Any deviations to the policy are subject to dean's approval.

Academic Unit Head/Program Chair Date College Dean Date

University Registrar Date

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