



Date \_\_\_\_\_

KEEP A COPY FOR YOUR RECORDS

### CHANGE IN REGISTRATION STATUS

STUDENT INFORMATION: Florida Tech Online students should scan and email the form to their advisor/representative. All other students may use the information at the bottom of the form or bring to the Registration Center.

MAJOR CODE \_\_\_\_\_ TERM \_\_\_\_\_ FLORIDA TECH EMAIL \_\_\_\_\_

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. International Student and Scholar Services Signature Date

3. I am a student-athlete.  Yes  No \_\_\_\_\_  
Athletics Coach Signature Date  
Athletics Compliance Officer Signature Date

Financial aid may be affected if DROPPING BELOW full-time status (12 credits for undergraduate students and 9 credits for graduate students).

Submit form with appropriate signatures, directly to the Registration Center. 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
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>

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 their advisor, submit a "Change in Registration Status" form to add the prerequisite course.

#### ACADEMIC ADVISOR APPROVAL REQUIRED

Academic Advisor/Site Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS \_\_\_\_\_

#### ADDITIONAL SIGNATURES MAY BE REQUIRED

Academic Unit Head/Program Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

College Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Account Management Signature \_\_\_\_\_ Date \_\_\_\_\_

Registrar Signature \_\_\_\_\_ 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 \_\_\_\_\_

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