

Office of the Registrar Stevens Institute of Technology Castle Point on Hudson Hoboken, NJ 07030-5991 FAX 201.216.8050 registrar@stevens.edu http://www.stevens.edu/registrar

Change of Enrollment

LAST NAME S							STUDEN	STUDENT IDENTIFICATION NUMBER	
FIRST NAME MIDD							MIDDLE	ENAME	
MAILING ADDRESS OR SIT BOX CITY STATE ZIP CODE								□ UNDERGRADUATE CLASS OF 20 □ GRADUATE	
STUDENT SIGN	IATURE							DATE	
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SUBJECT (e.g. MA)	NUMBER (e.g., 123)	SEC. (e.g., A)	CRED.	INSTRUCTOR'S SIGNA	TURE		DATE	REASON FOR OVERRIDE (INSTRUCTOR USE ONLY)	
DROP/WITH SUBJECT	IDRAW ** NUMBER	SEC.	CRED.	INSTRUCTOR'S SIGNA	TURE		DATE	NOTES (INSTRUCTOR USE ONLY)	
APPROVAL	SIGNATUR	ES							
Graduate students only) ADVISOR (Drops after the specified date)								DATE	
OFFICE OF UNDE	ERGRADUATE A	CADEMICS	/DEAN OF	F GRADUATE ACADEMIC	CS (Drops a	after the specified	date)	DATE	
REGISTRAR								DATE	
ADVISOR/DE	AN SPECIAL 1	INSTRUC	TIONS:						