

LAST NAME			FIRST			MIDDLE			UM ID. NUMBER				TERM AND YEAR	
SCHOOL OR COLLEGE			FIELD OF STUDY (PLAN)			UNDERGRADUATE <input type="checkbox"/> GRADUATE / PROFESSIONAL <input type="checkbox"/>								
<b>REGISTER/ADD</b>							<b>DROP</b>							
CLASS #	SUBJECT ABBR	COURSE NUMBER	CREDIT HRS.	SECTION	SECTION	MODIFIER	CLASS #	SUBJECT ABBR	COURSE NUMBER	CREDIT HRS.	SECTION	SECTION		
							LAST DATE OF PARTICIPATION:							
							LAST DATE OF PARTICIPATION:							
IF YOU ARE CHANGING ONLY CREDIT HOURS OR MODIFIERS (P/F, VISIT) ENTER CHANGE BELOW.							APPROVED BY / DATE							
CLASS #	SUBJECT	COURSE #	NEW HRS	MODIFIER			PHOTO IDENTIFICATION REQUIRED FOR PROCESING  LAST DATE OF PARTICIPATION TO BE COMPLETED BY INSTRUCTOR							