REQUEST FOR CHANGE IN REGISTRATION

Semester: Spring 2018 Date: 12/8/2017

Name: Schmidt Jingleheimer E 2357111

Last First Middle I.D. number

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| TO DROP:  DEPT. NO. SECT. | COURSE | HRS. | INSTRUCTOR’S SIGNATURE |
| CSIS 404 | Senior Seminar | 1 |  |
| BLIT 303 | Christian Scriptures II | 3 |  |
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| TO ADD:  DEPT. NO. SECT. | COURSE | HRS. | C | P | INSTRUCTOR’S SIGNATURE |
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Instructor must also initial (C) to join a closed class and/or (P) to waive prerequisites.

Total number of hours registered for current semester if request is granted: **16**

Do you receive financial aid or veteran’s benefits, or are you an athlete? **NO**

**Approved by:**

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*Student Signature*

*Advisor*

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*Effective Date*

*Registrar*