

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 STUE							STUDEN	DENT IDENTIFICATION NUMBER	
FIRST NAME MIDD							MIDDLE	ENAME	
MAILING ADDRESS OR SIT BOX CITY STATE ZIP CODE							<u>. I</u>	☐ UNDERGRADUATE CLASS OF 20 ☐ GRADUATE	
STUDENT SIGNATURE								DATE November 5,2018	
 The signature of the instructor and reason is required for presquisite waivers, waiving cap, etc. The signature of the instructor is required for adds after the end of the drop/add period. Drops after the end of the drop/add period will be recorded as withdrawals (W) on the transcript. For Graduate Withdrawals: The signatures of the instructor, advisor and the Dean of Graduate Academics are required after the specified date in the academic calendar. For Undergraduate Withdrawals: The signatures of the instructor and approval of the Office of Undergraduate Academics are required after the specified date in the academic calendar. TERM: □ FALL □ WINTER □ SPRING □ SUMMER I □ SUMMER II □ YEAR TERM YEAR: 20 									
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	DDAW **								
SUBJECT	NUMBER	SEC.	CRED.	INSTRUCTOR'S SIGNA	TURE		DATE	NOTES (INSTRUCTOR USE ONLY)	
APPROVAL S	SIGNATUR	ES							
(Graduate students only) ADVISOR (Drops after the specified date)								DATE	
OFFICE OF UNDER	RGRADUATE A	CADEMICS	/DEAN OF	GRADUATE ACADEMIC	CS (Drops a	fter the specifie	ed date)	DATE	
REGISTRAR								DATE	
ADVISOR/DEA	N SPECIAL	INSTRUC	CTIONS:						