



STEVENS
INSTITUTE of TECHNOLOGY
THE INNOVATION UNIVERSITY

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			STUDENT IDENTIFICATION NUMBER		
FIRST NAME			MIDDLE NAME		
MAILING ADDRESS OR SIT BOX	STREET				<input type="checkbox"/> UNDERGRADUATE CLASS OF 20 ____ <input type="checkbox"/> GRADUATE
CITY	STATE	ZIP CODE			
STUDENT SIGNATURE <i>Sumit</i>					DATE November 5, 2018

- The signature of the instructor and reason is required for prerequisite 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 ____
ADD

SUBJECT (e.g. MA)	NUMBER (e.g., 123)	SEC. (e.g., A)	CRED.	INSTRUCTOR'S SIGNATURE	DATE	REASON FOR OVERRIDE (INSTRUCTOR USE ONLY)

DROP/WITHDRAW **

SUBJECT	NUMBER	SEC.	CRED.	INSTRUCTOR'S SIGNATURE	DATE	NOTES (INSTRUCTOR USE ONLY)

APPROVAL SIGNATURES

(Graduate students only) ADVISOR (Drops after the specified date) _____ DATE _____

OFFICE OF UNDERGRADUATE ACADEMICS/DEAN OF GRADUATE ACADEMICS (Drops after the specified date) _____ DATE _____

REGISTRAR _____ DATE _____

ADVISOR/DEAN SPECIAL INSTRUCTIONS: