CHANGE OF REGISTRATION FORM

**Please consult the Academic Catalog for information on adding/dropping courses, deadlines, and how changes in registration may affect your tuition bill.*

Student's Name _____
(학생 이름) Last Name (성) First Name (이름) M.I.

Address_____
Street Address Box/Apt # City State Zip Code

Phone (전화)_____ E-mail (이메일) _____

Degree Program (과정)_____

Check All That Apply:

_____ I am dropping / _____adding the following classes.
_____ I am dropping all of my classes and will resume my studies at Central at a later date.
(Please indicate when you plan to return _____)
_____ I am dropping all of my classes and will not return to Central.

**If you are dropping all your classes, you do not need to complete the chart.*

Add	Drop	Semester 학기	Course # 과목 번호	Section # 색션번호	Course Title 과목 명	Credit Hours

Reason(s) for change (이유): _____

ACKNOWLEDGEMENT: I am aware of the policies regarding changes in registration and understand the academic and/or financial implications of my requested changes.

Student's Signature _____ Date _____

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FOR OFFICE USE ONLY (오피스 이용)

Registrar's Signature _____ Official Change Date _____

Fee Refund? Yes / No
Full Tuition Refund? Yes / No
Charge for ____ contact hours

Current Credit Hours:_____
Populi____ Moodle____ Business Office____