



University of Detroit Mercy
Advising and Registration/Change in Registration Form

PLEASE PRINT CLEARLY TO ENSURE ACCURATE PROCESSING

Student ID Number: TO _____ Fall (10) Winter (20) Summer (30) 20_____

Name: _____
 Last First Middle

Address: _____
 Street City State Zip

Telephone: () _____ Work: () _____

Email Address: _____ Birthdate: ____/____/____

College/School:

- Architecture
- Business Administration
- Dental Hygiene

- Engineering & Science
- Health Prof/Nursing
- Liberal Arts & Education
- University College

Undergraduate

Student Status:

- New Freshman
- New Transfer
- Continuing Student
- Other

Graduate:

Student Status:

- New Graduate Student
- Continuing Student
- Other

Add/Drop A or D	CRN	Subject	Course Number	Section	Credit Hours	Days/Time	Required Signature(s)

Alternate Classes:

CRN	Subject	Course Number	Section	Credit Hours	Days/Time	Required Signature(s)

TOTAL CREDIT HOURS REGISTERED FOR THIS TERM: BEFORE THIS ACTION _____ AFTER THIS ACTION _____

Check here if this is a total withdrawal from class for this term Last Date of Attendance: _____
(Required for Total Withdrawal from All Classes)

Reason for withdrawal: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Deans Office Signature: _____ Date: _____

Office Use Only
