



LOYOLA

UNIVERSITY MARYLAND

Records Office

4501 N. Charles Street

Baltimore, MD 21210-2699

Undergraduate Change of Registration Form

Student ID or SS#	Student Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Student Athlete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sixth Course: <input type="checkbox"/> Yes <input type="checkbox"/> No	VA Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name	First Name	M.I.	Cell Phone	
Major	Specialization	Minor	Expected Graduation Date	

Term:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Other _____	Year
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- IMPORTANT -

- Except as otherwise noted in the individual program descriptions, all financial aid awards require that you be continuously enrolled on a full-time basis (minimum 12.0 credits per term). You must notify the Office of Financial Aid if you fail to register for the required number of credits for any term in which you are receiving aid. If you are considering withdrawing from a course, you should first contact the Office of Financial Aid to determine what effect such action may have on your financial aid eligibility.
- Form must be signed in the following order when all signatures are required: **First** – Instructor; **Second** – Academic Advisor; **Third** – Academic Services or Athletic Advisor
- Form **must be returned to the Records Office** for processing by the withdrawal date listed on the Records Office website. Failure to do so will result in a final grade of "F" on the student's permanent record.
- **Course Status Key:** C = Credit; P = Pass/No Credit; L = Audit; I = Independent Study, Private Study, Internship (must be accompanied by Specialized Study Form); R = Repeat/Replacement (must be accompanied by Repeat/Replacement Form)*
- Students must check **My class schedule** to confirm changes and report discrepancies immediately to the Records Office, Maryland Hall 141 or 410-617-2263.

DROP

Dept.	Crse. #	Sec. #	Course Title	Credits	Instructor's Signature (required during withdrawal period)	Status (Circle one)
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*

ADD

Dept.	Crse. #	Sec. #	Course Title	Credits	Instructor's Signature (required for audits/written permissions)	Status (Circle one)
						C P L I R*
						C P L I R
						C P L I R*
						C P L I R*
						C P L I R*

Student's Signature (required)	Date	Athletic Advisor's Signature (if Student Athlete)	Date
Academic Advisor's Signature (req. during withdrawal period)	Date	International Student Advisor's Signature (if Int'l. Student)	Date
Academic Services Signature (MH138; required)	Date		

Method of Payment for Added Courses:	Amount
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card: Payments must be made within 10 days via WebAdvisor. A 2.5% convenience fee will be charged.	

OFFICE USE ONLY – Part-Time Student Refund Authorization:	Academic Services Signature	Sixth Course Perm. Req'd:
<input type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 60% <input type="checkbox"/> 40% <input type="checkbox"/> 20%		<input type="checkbox"/> Yes <input type="checkbox"/> No