



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

PLEASE PRINT CLEARLY TO ENSURE ACCURATE PROCESSING

Student ID Number: T0 _____ 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/Math
- ____ Health Prof/Nursing
- ____ Liberal Arts & Education
- ____ Continuing Studies

Undergraduate
Student Status:

- ____ New Freshman
- ____ New Transfer
- ____ Continuing Student

Graduate:
Student Status:

- ____ New Graduate Student
- ____ Continuing Student

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

Alternate Classes:

CRN	Subject	Course Number	Section	Credit Hours	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: _____

Reason for withdrawal: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Deans Office Signature: _____ Date: _____

Office Use Only