

University of Detroit Mercy Jesuit Promise for Lifelong Learning – Class Audit Advising and Registration/Change in Registration Form

PLEASE PRINT CLEARLY TO ENSURE ACCURATE PROCESSING

Name: _							
	Last			First		Middle	
Address: _	Street		Cit	ty		State	Zip
Phone: ()			-			
SSN:				_ Birthdate://			
Degree ear	ned:			From:			
Semester:	emester: 🗌 Fall		□ Winter	□ Summer		20	
Add/Drop A or D	CRN	Subject	Course Number	Section	Credit Hours	Days/Time	Instructor Signature ONLY REQUIRED FOR LATE ADD

In the Jesuit Promise for Lifelong Learning agreement, although tuition will not be charged, special course fees may apply in some cases. I understand that by signing this form that I, the student, am legally obligated to pay fees associated with this course. In the event of default, the University may refer my account to a credit reporting agency, a collection agency, and/or initiate legal action to recover any outstanding debt. I understand that I am also responsible for the costs of collection including interest, penalties, collection agency fees, court costs and attorney fees.

Student Signature

Date: _____

College of Business Administration Deans Office Signature

Date: _____

Office Use Only