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
____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