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 City State Zip

Phone: ( ) _____ **Email**:_____

SSN: _____ **Birthdate**: _____/_____/_____

Degree earned: _____ **From**: _____

Semester: ☐ **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.

_____ Date: _____
Student Signature

_____ Date: _____
College of Business Administration Deans Office Signature

Office Use Only