



# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Add/Drop A or D	CRN	Subject	Course Number	Section	Credit Hours	Days/Times	Instructor Signature Only Required for Late Add
<i>Example: D</i>	<i>18062</i>	<i>UAS</i>	<i>1000</i>	<i>06</i>	<i>1</i>	<i>W 1:00-1:50</i>	

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: \_\_\_\_\_  
(Date Required for Total Withdrawal from All Classes)

Reason for withdrawal:

I understand that by signing this form that I, the student, am legally obligated to pay all tuition and fees. 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: \_\_\_\_\_  
Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Deans Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only  
  
Office of the Registrar 6/2015