



# 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 Professions/Nursing
- \_\_\_ Liberal Arts & Education
- \_\_\_ University College

Undergraduate  
Student Status:

- \_\_\_ New Freshman
- \_\_\_ New Transfer/Post Deg
- \_\_\_ Continuing Student
- \_\_\_ Unclassified/Other

Graduate:

Student Status:

- \_\_\_ New Graduate Student
- \_\_\_ Continuing Student
- \_\_\_ Unclassified/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: \_\_\_\_\_  
 (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
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