



QUINCY UNIVERSITY

OFFICE OF THE REGISTRAR

CHANGE OF REGISTRATION

Check One:

- FALL 20 _____
- WINTER 20 _____
- SPRING 20 _____
- SUMMER 20 _____

Local Phone # _____

Cell Phone # _____

REGISTRATION LABEL OR

Student ID# _____

Name: _____

COURSE ADDS

Course Prefix	Course No.	Section	Course Title	Credit Hours	Days	Begin Time	End Time	Instructor Signature <i>(for closed class or after add/drop period)</i>	Advisor Comment
<i>Alternate course selections (Please select at least 2 alternate courses in the event your original choices are not available.)</i>									

COURSE DROPS

Course Prefix	Course No.	Section	Course Title	Credit Hours	Days	Begin Time	End Time	Instructor Signature <i>(required after add/drop period)</i>	Advisor Comment

IMPORTANT: PLEASE BE AWARE THAT DROPPING COURSES MAY AFFECT YOUR FINANCIAL AID, ATHLETIC ELIGIBILITY AND/OR COMPLETING YOUR DEGREE REQUIREMENTS IN A TIMELY MANNER.

THESE CHANGES BECOME EFFECTIVE ONLY WHEN THIS FORM IS ACCEPTED BY THE REGISTRAR'S OFFICE.

STUDENT'S SIGNATURE _____

DATE _____

ADVISOR'S SIGNATURE _____

DATE _____

REGISTRAR'S USE

Total Hours _____

Initials _____

Date _____