



# Change of Registration

## Fee: \$25

### Wilson University

OFFICE OF THE REGISTRAR • P.O. Box 2796, Elk Grove, CA 95625  
Telephone: 916.681.2768 Fax: 916.681.2772 • Email: aaston@wilsonu.edu

*Note: "Date Initiated" will be used to calculate any possible refunds if Change of Registration is processed within the withdraw period. Changes in part-time/full-time status may affect financial aid eligibility.*

Reason(s) for add/withdrawal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Student's Signature*

Do you intend on returning during this term to attend any preregistered classes?  Yes  No

Do you intend on returning for the next semester?  Yes  No

Program: (Check one)  OUG  GRD Term: (Circle one) Fall Session Spring Session Year: \_\_\_\_\_

Name \_\_\_\_\_ Date Initiated \_\_\_\_\_ ID# \_\_\_\_\_

Circle one	Course #	Section	Course Title	Units	Instructors Approval
Add/Drop					
Add/Drop					
Add/Drop					
Add/Drop					
Add/Drop					
Add/Drop					

FOR OFFICE USE ONLY	
Beginning units = _____ + _____ units/- _____ units Ending units = _____  _____ <i>Signature and Date</i>	<i>Signature and Date</i>  Advisor Approval _____ Financial Aid _____ Student Accounts _____ Lead Professor _____