

Program: BA BA/MAE Early Decider MAE/TC MAEx MACP PsyD

## DROP/ADD/CHANGE COURSE REGISTRATION

Name: \_\_\_\_\_ Quarter/Year: \_\_\_\_\_

<u>Drop/Add/Change</u>	<u>Course #</u>	<u>Course Title</u>	<u>Evaluator</u>	<u>Units</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

X

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

X

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

X

\_\_\_\_\_  
Financial Aid Officer

\_\_\_\_\_  
Date

**Financial Aid Officer must sign if your enrollment status is changing from FULL to HALF, or HALF to FULL time.**

Date Change Recorded: \_\_\_\_\_ Database Date: \_\_\_\_\_ Registrar: \_\_\_\_\_

**\*\*NOTE:** Email signature accepted in lieu of hard signature if submitted via antioch.edu email account.