



Request Registration Change Form

Registrar's Office
425/889-5228 phone
425/889-5743 fax
registrarsoffice@northwestu.edu

DEGREE <input type="checkbox"/> Certificate <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Graduate	CAMPUS <input type="checkbox"/> Kirkland <input type="checkbox"/> Adult Evening <input type="checkbox"/> Online <input type="checkbox"/> HS Concurrent	YEAR/TERM <input type="checkbox"/> CPP <input type="checkbox"/> Sacramento <input type="checkbox"/> Salem Year: 20____ Term: <input type="checkbox"/> Fall / <input type="checkbox"/> Spring / <input type="checkbox"/> Summer
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ID# _____ Printed Name _____ Email _____
Last *First* *MI*

Please change my registration by:

- Adding a Course** - Add/Drop deadline is at the end of the first week of the course.
- Dropping a Course** - Add/Drop deadline is at the end of the first week of the course.
- Cancellation of Registration** -- Cancellation notification received in the Registrar's Office before the end of the add/drop period (see *Academic Catalog, Financial Information, Cancellation of Registration*)
 I plan to return next term Term: _____
- Withdraw from a Course** – Grade of “W” will be awarded
- Withdrawal from Term -- One or more Classes Attended:** Refer to the Academic Catalog, (see *Withdrawal from the University*) since repayment of awarded financial aid may be a consequence of withdrawal

Office Use Only:
 [Verification of no classes attended **by _____] [Date of Last Class Attended** _____ Verified by _____]
 **Attendance defined as: classroom attendance for On-campus OR assignment submission for Online Campus.

- No Yes I receive Veteran Benefits
 No Yes I receive Federal Aid (including loans) and/or a Northwest Scholarship

Add/ Drop	Course Withdrawal	Remain Registered – Intent to complete.	Dept (BIBL)	Number (1103)	Section (01)	Course Title (OT History & Literature)	Credit (3)	Course Dates (1/12/15 – 7/15/15)
Total								

Student's Authorization received: by Phone by Email by Administrative Cancellation/Withdrawal Other: _____

Request Submitted by: _____ Date: _____

Notes:

For Office Use Only Notification of Cancellation/Withdrawal Received: _____ Billable Credits: _____

Trad Billing / Non-Trad Billing / Online Billing Notified Date: _____ Initial: _____
 (Traditional) (CAPS/GRAD) (Online)

Processing Recommendations: