



# Request Registration Change Form

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

<b>DEGREE</b> <input type="checkbox"/> Certificate <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Graduate	<b>CAMPUS</b> <input type="checkbox"/> Kirkland <input type="checkbox"/> Adult Evening <input type="checkbox"/> Online <input type="checkbox"/> HS Concurrent	<b>YEAR/TERM</b> <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:**