University of Detroit Mercy
Advising and Registration/Change in Registration Form

PLEASE PRINT CLEARLY TO ENSURE ACCURATE PROCESSING

Student ID Number: T0________________________ ‘ Fall (10) ‘ Winter (20) ‘ Summer (30) 20______

Name: ____
Last First Middle

Address: ____
Street City State Zip

Telephone: ( ) ____________________ Work: ( ) ________________________

Email Address: __________________________________ Birthdate: ______/______/_______

B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B

$GG 'URS $ RU ,&51 6XEMHFW &RXUVH 1XPEHU 6HFWLRQ &UHGLW +RXUV 'D\V 7LPHV 2QO\ 5HTXLUHG ,QVWUXFWRU 6L /DWH $GG

([DPSOH' 8$6 :

B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B

B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B

B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B

B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B

B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B

TOTAL CREDIT HOURS REGISTERED FOR THIS TERM: BEFORE THIS ACTION _________ AFTER THIS ACTION________

Check here if this is a total withdrawal from class for this term ‘ Last Date of Attendance:______ ___________

(Date Required for Total Withdrawal from All Classes)

Reason for withdrawal:

I understand that by signing this form that I, the student, am legally obligated to pay all tuition and fees. In the event of default, the University may refer my account to a credit reporting agency, a collection agency, and/or initiate legal action to recover any outstanding debt. I understand that I am also responsible for the costs of collection including interest, penalties, collection agency fees, court costs and attorney fees.

Student Signature: ________________________________ Date: ___________________

Advisor Signature: ________________________________ Date: ___________________

Deans Office Signature: ____________________________ Date: ___________________

Office Use Only

Office of the Registrar 6/2015