



Advisor's request to change a student's registration

Name: _____ ID: _____

Student Request: _____ or Department/Advisor Request: _____

DROPS:

Hours before Drop _____

Course Reference #	Course Prefix	Course Number	Course Section

ADDS:

Course Reference #	Course Prefix	Course Number	Course Section

Hours after Drop _____

JUSTIFICATION FOR CHANGE(S): _____

Faculty Advisor

Date

College Dean

Date

Processed by/Date: _____

Please return to: Founder's Hall 108 or Fax: 254-519-5486 or Email: records@tamuct.edu

Registrar's Office | 1001 Leadership Place | Killeen, TX 76549 | (254) 501-5857