



### Advisor's request to change a student's registration

Name: \_\_\_\_\_ UIN: \_\_\_\_\_

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**

\_\_\_\_\_  
**School Director**

\_\_\_\_\_  
**Date**

Please Return to: Office of the Registrar Killeen, TX 76549 (254) 519-5452

Processed by/Date: \_\_\_\_\_