

Registration Form

This form is used for students to add or drop courses to their schedule.

Contact Information										
Name:					G #	G #:				
Date:					Pho	Phone:				
Address:										
Registratio	n Informatio	on								
Year:					Ser	Semester:				
Register (Add)						Drop				
CRN Subjec		& Course	Section	Credits	(CRN	Subject & Course	Section	Credits	
To be completed if student is in other than good standing										
	Advisor N	ame (Please Pr	e (Please Print)			Advisor Signature				
To be comp	leted in case	of a time con	flict	•						
Conflicting Courses		Instructor Name (Please P			nt)	Instructor Signature			Date	
To be completed if adding or withdrawing late (see college for additional specific requirements)										
Approval		Name (Please Print)				Signature			Date	
Instructor										
Department Chair										
Dean of Academic College		Late Adds also require the Academic College Dean's Office Approval								
		Name (Please Print)				Signature			Date	
Directions for late adds and late withdrawals can be found at: gvsu.edu/registrar/dropaddschedule										

Completed forms may be returned to the Student Assistance Center in Allendale (150 Student Services) or the Grand Rapids Pew Campus (115C DeVos) in person, by fax to (616) 331-2000, by email to regdept@gvsu.edu, or by mail to the Registrar's Office, 150 Student Services, Allendale, MI 49401.