



Registration and Drop/Add Form

Name: _____ Date: _____
Student G#: _____ Phone #: _____
Current Address: _____
Session: Fall ___ Winter ___ Spr/Sum ___ Year: _____

ADD or REGISTER				DROP			
CRN	Subject/#	Section #	# of Credits	CRN	Subject/#	Section #	# of Credits

Note: Undergraduate students in other than good standing need advisor approval to register.

Advisor Signature: _____ Date: _____

To be completed in case of Time Conflict only:

Conflicting Courses	Instructor Signature	Date

-----FOR OFFICE USE ONLY-----

Date Received by the Registrar's Office: _____

Refund Period: 100% ___ 75% ___ 0% ___

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