

ROLL CORRECTION FORM

STUDENT INFORMATION
 PLEASE PRINT LEGIBLY

Student Name: _____ Student ID: _____

Term: Fall Spring Summer Year: _____ Date: _____

DIRECTIONS:	REQUIRED SIGNATURES:
<p>This form should only be used to DROP/WITHDRAW from a course if you've never attended the course</p> <p>EXCEPTIONS: This form can be used for roll corrections after the official schedule change period for student who:</p> <ul style="list-style-type: none"> ❖ Are adding a class or registering for the first time, after the official registration period has closed. ❖ Need to swap from a degree level course to a remedial level course (e.g., MATH1111 to MATH0097). ❖ Need to swap from a course to the prerequisite of that course (e.g., ENGL 1102 to ENGL 1101). 	<ol style="list-style-type: none"> 1. Instructor signature: Required if you are adding a course after the official change period or dropping a course that you have never attended. 2. Department Chair signature: Required for adding a course after the official schedule change period.

COURSE INFORMATION

ACTION	CRN	SUBJ	CRS#	Last Date of Attendance	Signature and Date	
<input type="checkbox"/> ADD <input type="checkbox"/> DROP	88525	MATH	101	<u>April, 1 2015</u> Last Date of Attendance	<u>Have Instructor Sign & Date</u> Instructor & Date	<u>Have Dept Chair Sign & Date</u> Department Chair & Date
<input type="checkbox"/> ADD <input type="checkbox"/> DROP				_____ Last Date of Attendance	_____ Instructor & Date	_____ Department Chair & Date
<input type="checkbox"/> ADD <input type="checkbox"/> DROP				_____ Last Date of Attendance	_____ Instructor & Date	_____ Department Chair & Date
<input type="checkbox"/> ADD <input type="checkbox"/> DROP				_____ Last Date of Attendance	_____ Instructor & Date	_____ Department Chair & Date
<input type="checkbox"/> ADD <input type="checkbox"/> DROP				_____ Last Date of Attendance	_____ Instructor & Date	_____ Department Chair & Date
<input type="checkbox"/> ADD <input type="checkbox"/> DROP				_____ Last Date of Attendance	_____ Instructor & Date	_____ Department Chair & Date
<input type="checkbox"/> ADD <input type="checkbox"/> DROP				_____ Last Date of Attendance	_____ Instructor & Date	_____ Department Chair & Date

It is the student's responsibility to return this form to the Office of the Registrar within 3 business days from obtaining the required signature(s).

Student's Signature: _____ Date: _____