

Registration Change Request Form

Name:	X Number:
College:	Major:
Total Credits Completed:	GPA:
Permission To:	
Open and Add Closed Class	
Room Capacity Checked	
	Course(s) to open (CRN SUBJ Number)
Room Capacity Checked	Course(s) to open (CRN SUBJ Number)
Room Capacity Checked	
	Course(s) to open (CRN SUBJ Number)
*Please note: St. John's College students on please obtain the Chairperson's signature fir	ly- if you are requesting a closed class to be opened, rst.
Chairperson's Approval Signature	Date
Drop Class	Course(s) to drop (CRN SUBJ Number)
Override Restriction	
	Restriction to Override
Register without Co-requisite	Requested Course (CRN SUBJ Number)
	Co-requisite Not Taking (CRN SUBJ Number)
Take Over 18 Credits	Course (CRN SUBJ Number)
**Reason for Request:	
Student Signature	Date
*Please note that this is only a request form, and it does not guarantee and practices of each individual school and college.	approval of your request. Each request will be reviewed in accordance with the policies
To Be Completed by the Dean's Office:	
Approved	
Denied	Recorded in Banner by
	Reason Denied