

# National-Louis University

## Request for Change of Registration

### FOCUS Courses (Only)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

NLU ID or SSN: \_\_\_\_\_

Term: F W Sp Su

I hereby request to:

#### WITHDRAW FROM A COURSE

CRN	Catalogue No.	Course Title	QH	

For office use only  
Delete:  
(DD prior or on first day of class)  
  
Withdraw:  
(WW-weeks 3-5)  
(W\_ - last 5 weeks)

#### ADD A COURSE

CRN	Catalogue No.	Course Title	QH	

Student's Signature: \_\_\_\_\_

Financial Aid Ok: \_\_\_\_\_ Student Accounts: \_\_\_\_\_  
Only if changing credit hours or withdrawing from University enrollment

Registrar's Office: \_\_\_\_\_ Date: \_\_\_\_\_