

University of Detroit Mercy

Advising and Registration/Change in Registration Form

PLEASE PRINT CLEARLY TO ENSURE ACCURATE PROCESSING

Student ID Number: T0 _____ ' Fall (10) ' Winter (20) ' Summer (30) 20_____

Name: _____

Last
First
Middle

Address: _____

Street
City
State
Zip

Telephone: () _____ Work: () _____

Email Address: _____ Birthdate: ____/____/____

College/School:

- Architecture
- Business Administration
- Dental Hygiene

- Engineering & Science
- Health Professions/Nursing
- Liberal Arts & Education
- University College

Undergraduate

Student Status:

- New Freshman
- New Transfer/Post Deg
- Continuing Student
- Unclassified/Other

Graduate:

Student Status:

- New Graduate Student
- Continuing Student
- Unclassified/Other

Add/Drop A or D	CRN	Subject	Course Number	Section	Credit Hours	Days/Time	Instructor Signature ONLY REQUIRED FOR LATE ADD
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Alternate Classes:

CRN	Subject	Course Number	Section	Credit Hours	Days/Time	Instructor Signature ONLY REQUIRED FOR LATE ADD