



CHANGE IN REGISTRATION

TERM

--

DATE

--

Office of the Registrar ▪ 36600 Schoolcraft Road ▪ Livonia, MI 48150-1176
 (734)432-5400 ▪ Fax (734)432-5405 ▪ registrar@madonna.edu

ID NUMBER	NAME (last)	(first)	(middle)								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table>											

Dept	Course #	Section	Lab	Audit	Sem Hrs	Add	Drop	Withdraw	Comments/Reasons

Complete Semester Withdrawal: Yes No

I understand that by adding, dropping, and/or withdrawing from the above classes I may affect my present and/or future financial aid, including any type of federal, state, or institutional aid administered by the Madonna University Financial Aid Office.

Signature _____