

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: ____/____/____

BB

\$GG 'URS ,&51 6XEMHFV &RXUVH &UHGLW ,QVWUXFWRU 6L
 \$ RU ,&51 1XPEHU 6HFWLRQ +RXUV 'D\ V 7LPHV 2QO\ 5HTXLUHG
 ([DPSOH 8\$6 : /DWH \$GG

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TOTAL CREDIT HOURS REGISTERED FOR THIS TERM: BEFORE THIS ACTION _____ AFTER THIS ACTION _____

Check here if this is a total withdrawal from class for this term Last Date of Attendance: _____

Reason for withdrawal: _____
(Date Required for Total Withdrawal from All Classes)

I understand that by signing this form that I, the student, am legally obligated to pay all tuition and fees. In the event of default, the University may refer my account to a credit reporting agency, a collection agency and/or initiate legal action to recover any outstanding debt. I understand that I am also responsible for the costs of collection including interest penalties, collection agency fees, court costs and attorney fees.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Deans Office Signature: _____ Date: _____

Office Use Only

Office of the Registrar 6/2015