



KEEP A COPY FOR YOUR RECORDS

DATE _____

CHANGE IN REGISTRATION STATUS

STUDENT INFORMATION: Florida Tech Online students should scan and email the form to their representative or fax the form to 800-576-8532. All other students may use the information at the bottom of the form or bring to the Registration Center.

MAJOR CODE _____ TERM _____ OFF-CAMPUS SITE _____

NAME _____ STUDENT ID NO. _____
Last First Middle

I HAVE ATTENDED _____ WEEK(S) OF CLASSES

1. I receive veterans education benefits

☐ Yes ☐ No _____

Veterans are required to give a reason (see below) for dropping classes.

Veterans Affairs Coordinator Signature _____ Date _____

2. I am an international student

☐ Yes ☐ No _____

ISSS signature required only if DROPPING BELOW full-time status (12 credits for undergraduate students and 9 credits for graduate students)

International Student and Scholar Services Signature _____ Date _____

3. I am a student-athlete

☐ Yes ☐ No _____

Athletics Coach Signature _____ Date _____

Athletics Compliance Officer Signature _____ Date _____

4. This is my first registration at Florida Tech

☐ Yes ☐ No**Financial aid may be affected If DROPPING BELOW full-time status (12 credits for undergraduate students and 9 credits for graduate students)**

Submit form with appropriate signatures, directly to the Registration Center/Off-Campus Site. Do not list individual course(s) if dropping all classes or withdrawing from the university. Please check plans to return or not. Select one option box (1, 2 or 3) below.

1. ☐ Drop me from all my classes ☐ I do not plan to return ☐ I plan to return _____ semester2. ☐ I am not currently registered—withdraw me from the university 3. ☐ Process course(s) listed below

SELECT ONE ADD DROP	CRN	PREFIX	COURSE NO.	SEC	COURSE TITLE	CRS.	INSTRUCTOR	SELECT ONE AUDIT CEU
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>

ANY LINE LISTED ABOVE THAT IS CROSSED OUT MUST BE INITIALED BY ADVISOR.

MY REASON FOR REQUESTING THIS CHANGE IS _____

Students are responsible for meeting all published prerequisite requirements for their registered courses to ensure they have the background necessary for successful performance. A student who fails or drops a prerequisite course after registration for the following term, must, in consultation with his/her advisor, submit a "Change in Registration Status" form to add the prerequisite course.

ACADEMIC ADVISOR APPROVAL REQUIRED

Academic Advisor/Site Representative Signature _____ Date _____

Comments _____

ADDITIONAL SIGNATURES MAY BE REQUIRED

Academic Unit Head/Program Chair Signature _____ Date _____

Print Name _____

College Dean Signature _____ Date _____

Print Name _____

Registrar Signature _____ Date _____

FOR OFFICE USE ONLY

Final Grades will be: ☐ No Record ☐ W ☐ NA Tuition Credit (%) _____Processed by _____ Date _____ SGASTDN: ☐ WS ☐ WR SFAREGS: ESTS Code _____ RSTS _____Title IV Recipient? ☐ Yes ☐ No Financial Aid Initials/Date _____ Campus Services/Housing Initials/Date _____

FLORIDA'S STEM UNIVERSITY®

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