

NUID: _____ - _____

First Name MI Last Name

E-Mail Day Phone

Check appropriate term:

Fall Spring Full Summer Summer 1 Summer 2 Year: _____

CRN	Course #	Section	Course Title

Student Signature: _____ Date _____

Received: _____ Date: _____ Registrar Processed: _____ Date: _____

Note: Prorated tuition is computed as of the date the form is received by the Office of the Registrar.

Copies: Registrar Student