

CHANGE OF SCHEDULE REGISTRATION REQUEST FORM

Office of the Registrar | Cook Administration 128 | Phone: 773.995.2517 | Fax 773.995.3618 | Email: registrar@csu.edu

This form is to be used by a student requesting registration reinstatement of class (es) after withdrawal for non-attendance or other administrative withdrawals.

This form must be completed and signed by the student, each course instructor and/or department chairperson prior to reinstatement of withdrawn course(s).

University ID Number _____ Name: _____ Date: _____
Last First MI

TERM (circle one): FALL SPRING SUMMER YEAR 20____ Credit Hours Before Change:____; After Change____

Registration is not complete until payment arrangements are made and validated by the cashier. See Academic Calendar / General Information document for details and deadlines.

Return completed form to the Office of the Registrar – Cook Administration Building, Room 128.

CHANGE OF SCHEDULE (REINSTATEMENT) WORKSHEET – Check for closed courses before entering registration information.

Course Reference Number (CRN)	DISCIPLINE/ SUBJECT	COURSE NUMBER	SECTION NUMBER	CREDIT HOUR	INSTRUCTOR NAME (PRINT)	INSTRUCTOR SIGNATURE	CHAIRPERSON NAME (PRINT)	CHAIRPERSON ¹ SIGNATURE

¹A student will not be reinstated into a closed (full) course without the approval of the course department chairperson. Substitutions will not be permitted after classes have begun for the semester.

STUDENT'S SIGNATURE: _____ DATE: _____

OFFICE
USE ONLY

DATE RECEIVED: _____

TOTAL HRS ENROLLED _____

DATE ENTERED: _____

BY _____