



Registration and Records
 PO Box 967
 Roseburg, Oregon 97470
 541.440.4604 | 541.440.7713
Registration@umpqua.edu

Registration & Schedule Change Form

OFFICE USE ONLY:

Last Name _____ First Name _____ Student ID Number _____
 Term: Fall Winter Spring Summer Year: _____

Section 1 – ADDING A COURSE

CRN	Course	Course Title	Instructor USE ONLY	
			Check ALL approved Overrides*	Instructor Signature & Date
40432 (Ex.)	WR121	English Comp	<input type="checkbox"/> Late Add <input type="checkbox"/> Time Conflict <input type="checkbox"/> Special Approval	<input type="checkbox"/> Overload Class <input type="checkbox"/> Co/Prerequisite <input type="checkbox"/> Reg Restriction
			<input type="checkbox"/> Late Add <input type="checkbox"/> Time Conflict <input type="checkbox"/> Special Approval	<input type="checkbox"/> Overload Class <input type="checkbox"/> Co/Prerequisite <input type="checkbox"/> Reg Restriction
			<input type="checkbox"/> Late Add <input type="checkbox"/> Time Conflict <input type="checkbox"/> Special Approval	<input type="checkbox"/> Overload Class <input type="checkbox"/> Co/Prerequisite <input type="checkbox"/> Reg Restriction
			<input type="checkbox"/> Late Add <input type="checkbox"/> Time Conflict <input type="checkbox"/> Special Approval	<input type="checkbox"/> Overload Class <input type="checkbox"/> Co/Prerequisite <input type="checkbox"/> Reg Restriction
			<input type="checkbox"/> Late Add <input type="checkbox"/> Time Conflict <input type="checkbox"/> Special Approval	<input type="checkbox"/> Overload Class <input type="checkbox"/> Co/Prerequisite <input type="checkbox"/> Reg Restriction
			<input type="checkbox"/> Late Add <input type="checkbox"/> Time Conflict <input type="checkbox"/> Special Approval	<input type="checkbox"/> Overload Class <input type="checkbox"/> Co/Prerequisite <input type="checkbox"/> Reg Restriction

**Late Add – Authorization to register after the first week of term.
 *Time Conflict – Authorization to override class time conflict.
 *Special Approval – Authorization to override course restrictions (ex. Instructor/Dept approval required, max credit hrs exceed).
 *Reg Restriction – Authorization to override registration restrictions (ex. Major, program, degree, level restrictions, etc.)
 *Overload Class – Authorization to override the class limit.
 Co/Prerequisite – Authorization to override course Co/Prerequisite.

Section 2 – DROPPING and/or WITHDRAWING COURSES – Complete if applicable

I have informed my instructor(s) of my intent to withdraw

Is this a **COMPLETE WITHDRAWAL** from ALL courses? Yes No

*Note: If checked YES, you will be withdrawn from ALL courses for the current term.
 Any course withdrawn will show as a "W" on your academic transcript as an attempted credit that was not earned. It will NOT affect your GPA.
 UCC recommends that students speak with their instructor and/or academic advisor before withdrawing from a course.*

CRN	Course	Course Title	CRN	Course	Course Title
40432 (Ex.)	WR121	English Comp	40432 (Ex.)	WR121	English Comp

Financial Aid Signature _____ **Date:** _____
Required for ALL schedule changes AFTER first week of term

I certify that all the above information is true and accurate to the best of my knowledge.
 I consent to and accept all policies and procedures that govern my enrollment. I am responsible for officially withdrawing from any course in which I am enrolled. **Failure to do so may result in a failing grade.**
 I understand that I **am financially liable** for all costs associated with my courses, including tuition and fees, whether or not I receive any financial assistance in the form of grants, loans or payments from any third party sources. If a drop or withdraw occurs after the 1st week of the term, **I am still responsible to pay for the class.** My academic schedule must comply with federal financial aid and/or veteran's benefits. Unapproved changes may result in repayment and/or loss of financial assistance.

Student Signature _____ **Date:** _____
Signifies Approval & Authorization