Office of the Registrar Sacred Heart Major Seminary

CHANGE OF REGISTRATION

YR 20___ 20___ TERM I ○ II ○ III ○

STUDENT ID NUMBER	NAME LAST	FIRST	MIDDLE

COURSE #	COURSE TITLE	CREDIT HOURS	ADD	DROP	WITHDRAW	CREDIT AUDIT

Student Signature Date

Please return to the *Office of the Registrar*
by fax *313-883-8682*
by mail *2701 Chicago Blvd.*
Detroit, MI 48206
by electronic mail to ***registrar@shms.edu*** *email used as confirmation of signature.*

Registrar - White Business Office - Yellow Student - Pink