



**SACRED HEART**  
MAJOR SEMINARY

## Change of Registration Request Form

Academic Year: \_\_\_\_\_

Term: \_\_\_\_\_

Student ID #	Last Name	First Name	Middle Initial

Course #	Course Title	Credit Hrs.	Add	Drop	Withdraw	Credit/Audit

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Aid

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of Studies/Assistant DoS

\_\_\_\_\_  
Date

Please return to the Office of the Registrar:

By fax 313-883-8682

By mail 2701 Chicago Blvd.

Detroit, MI 48206

\_\_\_\_\_  
Term Record Updated By

\_\_\_\_\_  
Date

Copies to: Registrar, Student, Financial Aid, Business Office