

NEW MEXICO TECH – Change of Registration (ADD/Drop)

Name _____ ID# _____ Semester _____ 20____
(Last) (First)

Email Address _____

<u>ADD</u>	<u>DROP</u>	<u>Course Ref. Number(CRN)</u>	<u>Dept. Name & Course #</u>	<u>Lec. or Lab</u>	<u>Section</u>	<u>Sem. Hrs.</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Signatures and/or APIN required.

Advisor or APIN _____ Graduate Office _____
(Graduate Students Only)

International Office _____ Financial Aid _____
(International Students Only)

Student _____ Num. of Hrs. after change _____ Do you receive VA benefits? Y _____ N _____