

ROLLINS COLLEGE HAMILTON HOLT SCHOOL

REGISTRATION CHANGE FORM

Students should consult their course schedule and/or catalog relevant to deadlines, policies and procedures prior to initiating changes to registrations. Withdrawal and refund deadlines will be strictly enforced. A course withdrawal initiated after published deadlines will result in a failing grade.

Please Print

Rollins ID # _____ Email _____ Term/Year _____

Student Name _____
 (Check if New Name) Last _____ First _____ Middle _____

Address _____
 (Check if New Address) City _____ State _____ Zip _____

Phone: Day _____ Evening _____ Cell Phone _____

Select Program:

Holt Undergraduate Graduate Counseling Graduate Education Master of Human Resources Master of Liberal Studies

DROP				ADD			
5-Digit Prefix	Course Number	Title	Grade (G) or Audit (N)	5-Digit Prefix	Course Number	Title	Grade (G) or Audit (N)

Have you attended class this term? _____ If yes. What was the last date of attendance? _____

Reason for Change _____ Student Signature _____ Date: _____

For Office Use Only	
Date Received _____	Refund Amount \$ _____ 100% _____ 75% _____ 50% _____ 25% _____ None _____ Staff Initials _____
Amount Due \$ _____	Tuition Paid by: Check _____ Cash _____ Visa _____ MasterCard _____ Other _____

Please print and fax: Undergraduate students: 407-646-1551
 Graduate Studies Students: 407-975-6430