REGISTRATION CHANGE (RED CARD)

Student Name: ___________________________________________  Semester/Year: ___________________

Student ID #: @ ___________________________________________

**I request the following changes to my schedule:**

<table>
<thead>
<tr>
<th>CRN</th>
<th>Subject/Course #</th>
<th>Add</th>
<th>Drop</th>
<th>Withdraw Only Instructor Initials</th>
<th>Override Code(s)</th>
<th>Course Override Instructor or Dept. Chair Signature</th>
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</table>

**Underload Warning:** If this change reduces your course load to 11 semester hours or less the following could occur.

1. You will likely fall behind your class in credits passed and will not graduate on time.
2. You may not be eligible to participate in a varsity sport.
3. Your health insurance may be affected.
4. You will not be eligible for the Dean's list.
5. You may be ineligible for Financial Aid.
6. Your bill may be affected.

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Override Codes

AL—All Restrictions
PR—Prerequisite Override
EN—Enrollment Limit
MA—Major Restriction
CL—Class (Sr, Jr, So, Fr) Restriction

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Student Signature: ___________________________________________  Date: ____________________

Bring this form to the Registrar’s Office for processing.

White—Registrar’s Office  Yellow—Student