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</th>
<th>Override Code(s)</th>
<th>Course Override</th>
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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.

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

Student Signature: ___________________________________________  Date: ______________________

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

White—Registrar's Office  Yellow—Student