INSTITUTIONAL CORRECTION FORM (REGISTRATION)
This form is to correct a registration error on the part of the institution.

Student Name: ________________________________

Student ID#: ___________________________  Semester & Year _______________________

CRN & Course #: ________________________________

Student Signature: ________________________________

Email: ________________________________  You will be notified via email as to the outcome of your request.
Phone number: ________________________________

Please print legibly your explanation of the events surrounding your registration issues. Be sure to include the date you attempted to change your registration online so that an Information Technology audit of the registration logs may be conducted on your behalf:

________________________________________________________________________________________

Please indicate the date(s) you attempted to drop/withdraw from your course(s) on ConnectU. ______________

For Office Use Only

SIGNATURE & TITLE OF PERSON CONDUCTING IT INVESTIGATION  DATE

PRINTED NAME  EXT.

Was access to the registration system found?  YES ______  NO _______, If no, request is DENIED.

_________ DROP  (Delete specific class(es) from academic record.)

_________ WITHDRAW  (Post W grade notation to academic record.)