



Student Information:

Name		Student ID	Date
Address		Email	Phone

Enrollment Information:

Term <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> WINTER <input type="checkbox"/> SUMMER	Academic Year <input type="checkbox"/> 2017-2018 <input type="checkbox"/> 2018-2019 <input type="checkbox"/> 2019-2020	Financial Aid <input type="checkbox"/> Yes <input type="checkbox"/> No
Degree Program <input type="checkbox"/> BBS <input type="checkbox"/> BLM <input type="checkbox"/> BOL <input type="checkbox"/> ABS <input type="checkbox"/> None	Enrollment Status <input type="checkbox"/> ≥12CR <input type="checkbox"/> 9CR <input type="checkbox"/> 6CR <input type="checkbox"/> <6CR	Type <input type="checkbox"/> Credit <input type="checkbox"/> Audit

Class Information:

TYPE: ONS = Onsite / ONL = Online

ADD	Course Code	Course Title	Type
			<input type="checkbox"/> ONS <input type="checkbox"/> ONL
			<input type="checkbox"/> ONS <input type="checkbox"/> ONL
			<input type="checkbox"/> ONS <input type="checkbox"/> ONL
DROP or WITHDRAW	Course Code	Course Title	Type
			<input type="checkbox"/> ONS <input type="checkbox"/> ONL
			<input type="checkbox"/> ONS <input type="checkbox"/> ONL
			<input type="checkbox"/> ONS <input type="checkbox"/> ONL
Explanation for Action:			

Signature:

I have read and understand the policies regarding these class changes as found in the Horizon University catalog available at www.horizonuniversity.edu, and I acknowledge that the effective date for this action is the date this completed and signed form is received at the University's administrative offices by email at registrar@horizonuniversity.edu or in person.

Student Signature

Date

Office Use Only

HU Official:

Date Received:

Refund Due: \$

NOTES: