



Student Name: _____

STUDENT ID #: _____

Semester: Fall _____ Winter _____ Spring _____ Summer _____

Year: 20_____

University of Michigan-Flint
 Office of the Registrar
 303 S. Saginaw Street
 Flint, Michigan 48502
 Phone: (810) 762-3344
 Fax: (810) 762-3346

Registration / Add Course(s)

Drop Course(s)

| Course Reference Number | Subj. | Course Number | Section | Credits Pass/Fail | Instructor's Signature |
|-------------------------|-------|---------------|---------|-------------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Course Reference Number | Subj. | Course Number | Section | Credits Pass/Fail | Instructor's Signature |
|-------------------------|-------|---------------|---------|-------------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Note: Non-attendance does not constitute a drop or withdrawal. Waitlisted courses must be added with an instructor's signature. This form must be submitted to the Office of the Registrar by the deadline.

Please read carefully, sign and date below:

Agreement: I am responsible for my enrollment in classes and for following policies and procedures at the University of Michigan-Flint. I must notify the Office of the Registrar in writing should I withdraw from the semester, drop any classes, or should any action affect the status of my enrollment. I accept responsibility for charges regardless of attendance in class. Failure to pay in full by the due date, will result in a 1.5% monthly interest charge. I have read and understand the policies regarding tuition, fees and academic regulations as published in the applicable Catalog and Course Schedule Booklet (along with dates). To the best of my ability, I certify that all information on this form is accurate.

| | |
|--|--|
| | |
|--|--|

Signature of Student

Date