



Student Name: \_\_\_\_\_

STUDENT ID #: \_\_\_\_\_

Semester: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Year: 20\_\_\_\_\_

University of Michigan-Flint  
 Office of the Registrar  
 266 University Pavilion  
 Flint, Michigan 48502-1950  
 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.

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Signature of Student

Date