UMPQUA COMMUNITY COLLEGE
Registration and Records
PO Box 967
Roseburg, Oregon 97470
541.440.4604 | 541.440.7713
Registration@umpqua.edu

Registration & Schedule Change Form

OFFICE USE ONLY:

_____

Last Name First Name Student ID Number

Term: ☐ Fall ☐ Winter ☐ Spring ☐ Summer **Year:** _____

Section 1 – ADDING A COURSE

CRN	Course	Course Title	Instructor USE ONLY: Check ALL approved Overrides*		Instructor Signature & Date
40432 (Ex.)	*WR121*	*English Comp*			
			☐ Late Add ☐ Time Conflict ☐ Special Approval	☐ Overload Class ☐ Co/Prerequisite ☐ Reg Restriction	
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			☐ Late Add ☐ Time Conflict ☐ Special Approval	☐ Overload Class ☐ Co/Prerequisite ☐ Reg Restriction	
			☐ Late Add ☐ Time Conflict ☐ Special Approval	☐ Overload Class ☐ Co/Prerequisite ☐ Reg Restriction	

Override SECTION ONLY →

***Late Add** – Authorization to register after the first week of term.*
***Time Conflict** – Authorization to override class time conflict.*
***Special Approval** – Authorization to override course restrictions (ex. Instructor/Dept approval required, max credit hrs exceed).*
***Reg Restriction** – Authorization to override registration restrictions (ex. Major, program, degree, level restrictions, etc.)*
***Overload Class** – Authorization to override the class limit.*
***Co/Prerequisite** – Authorization to override course Co/Prerequisite.*

Section 2 – DROPPING and/or WITHDRAWING COURSES – *Complete if applicable*

☐ I have informed my instructor(s) of my intent to withdraw

Is this a **COMPLETE WITHDRAWAL** from **ALL** courses? ☐ Yes ☐ No

***Note:** If checked **YES**, you will be withdrawn from **ALL** courses for the current term.*
*Any course withdrawn will show as a "**W**" on your academic transcript as an attempted credit that was not earned. It will NOT affect your GPA.*
UCC recommends that students speak with their instructor and/or academic advisor before withdrawing from a course.

CRN	Course	Course Title	CRN	Course	Course Title
40432 (Ex.)	*WR121*	*English Comp*	*40432 (Ex.)*	*WR121*	*English Comp*

Financial Aid Signature_____ **Date:**_____
Required for ALL schedule changes AFTER first week of term

I certify that all the above information is true and accurate to the best of my knowledge.
I consent to and accept all policies and procedures that govern my enrollment. I am responsible for officially withdrawing from any course in which I am enrolled. **Failure to do so may result in a failing grade**.
I understand that **I am financially liable** for all costs associated with my courses, including tuition and fees, whether or not I receive any financial assistance in the form of grants, loans or payments from any third party sources. If a drop or withdraw occurs after the 1st week of the term, **I am still responsible to pay for the class**. My academic schedule must comply with federal financial aid and/or veteran's benefits. Unapproved changes may result in repayment and/or loss of financial assistance.

Student Signature_____ **Date:**_____

Signifies Approval & Authorization