



Registration Change - Late Drop

- This form, if approved, grants a "W" grade and will not provide a tuition refund.
- If this request is older than 1 year, you cannot use this form. You must follow the "Appeals for record changes after one-year process": <https://www.uww.edu/registrar/appeals>

Please print clearly. *Required information

STUDENT NAME*		
LAST / FAMILY / SURNAME(S)	FIRST / GIVEN NAME(S)	MIDDLE NAME(S)

UW-WHITewater ID NUMBER*					

DATE OF BIRTH*								
MONTH (MM)			DAY (DD)			YEAR (YYYY)		

DAYTIME PHONE NUMBER*									

UW-WHITewater E-MAIL ADDRESS*											
											@uww.edu

TERM (CHECK ONE)*			
<input type="checkbox"/> Fall	<input type="checkbox"/> Winterim	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer

YEAR*	
20	__ __

ENROLLMENT STATUS (CHECK ONE)*	
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate

COLLEGE OF STUDENT'S MAJOR* (CHECK ONE)					
<input type="checkbox"/> College of Arts & Communication	<input type="checkbox"/> College of Business & Economics	<input type="checkbox"/> College of Education & Professional Studies	<input type="checkbox"/> College of Letters & Sciences	<input type="checkbox"/> College of Integrated Studies	

CLASS NO.* (4 DIGIT)	SUBJECT* (E.G. ECON)	COURSE NO.* (3 DIGIT)	SECTION*	UNITS*	COURSE TITLE*

Student - Check all that apply and get appropriate signature(s)*:

<input type="checkbox"/> I am a member of a UW-Whitewater athletic team	Approval by Intercollegiate Athletics Date
<input type="checkbox"/> I am an international student	Approval by International Office Date
<input type="checkbox"/> I receive Federal GI Bill benefits	Approval by Veteran's Benefits Coordinator Date

STUDENT SIGNATURE: I request that my UW-Whitewater academic record be updated to include the class adjustment above. I understand that I am responsible for payment of any tuition and fee charges associated with this request. The term I am requesting is not older than one year.

STUDENT* _____ Date* _____

COURSE INSTRUCTOR SIGNATURE: Your signature on this form indicates that you are aware of the course request and that you have had the opportunity to comment on the request.

Recommended Approval Recommended Disapproval
 Reasoning: _____

COURSE INSTRUCTOR* _____ Date* _____

COURSE CHAIR & COLLEGE DEAN SIGNATURES: Your signature on this form indicates that you are aware of the course request and that you have had the opportunity to comment on the request.

Recommended Approval Recommended Disapproval
 Reasoning: _____

COURSE CHAIR _____ Date* _____

OF DEPT. OFFERING THE COURSE*

Approved Not Approved
 Reasoning: _____

COLLEGE DEAN OF STUDENT'S MAJOR* _____ Date* _____
(Graduate Students use Graduate School Dean. Rock County use Assoc. Dean of Campus)

