

Change Registration Request Form

Academic Year:

Term:

Student ID #	Last Name	First Name	Middle Initial	

Course #	Course Title	Credit Hrs.	Add	Drop	Withdraw	Credit/ Audit

Tuition Adjustments			
Add/Drop Week 100% less \$20 fee		Stude	nt Signature

Date

Date

Please return to the Office of the Registrar:

 By fax
 313-883-8682

 By mail
 2701 Chicago Blvd.

2nd Week 80% refund

Between 2-3 weeks 60% refund Between 3-4 weeks 40% refund Between 4-5 weeks 20% refund Over 5 weeks no adjustment

- Detroit, MI 48206
- By email: Registrar@shms.edu

Copies to: Registrar, Student, Financial Aid, Business Office

For Office Use Only: LDA _____

Term Record Updated by