DEPAUW UNIVERSITY
REGISTRAR'S OFFICE

REGISTRATION ADJUSTMENT

Student_____   Student ID#_____

Expected Graduation Date_____   Class Standing: FY SO JR SR

Adjustment applies to: ☐ Fall   ☐ Spring   Academic Year_____

Current course schedule:

Department	Course # / section	Credit	Name of Instructor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Course to adjust:

Department	Course # / section	Credit	Name of Instructor
_____	_____	_____	_____

☐ **Withdraw from a course with a grade of "W" on record**

☐ **Change enrollment**

      o **Change from pass/fail to grade**
      o **Change from grade to pass/fail**
      o **Change from grade to audit**

Will this change affect your full-time status?   _____
Is this a W, Q or S Competency?   _____

Note: Drop/add or audit to grade must be done on-line during the first 6 days of class or a Petition Form must be submitted to the Office of the Registrar.

Instructor's signature (required)   Advisor's signature (required)

_____   _____

Printed name_____   Printed name_____

Date_____   Date_____

Registrar's Office, DePauw University, Phone: 765-658-4141, FAX: 765-658-4139, Email: registrarsoffice@depauw.edu