

SAINT JOSEPH'S UNIVERSITY

REGISTRATION CHANGES

College of Arts & Sciences, Haub School of Business

Name: _____

Student Number: _____

DROP:

CRN: _____ DEPT: _____ NUM: _____ SEC. _____

CRN: _____ DEPT: _____ NUM: _____ SEC. _____

CRN: _____ DEPT: _____ NUM: _____ SEC. _____

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ADD:

CRN: _____ DEPT: _____ NUM: _____ SEC. _____

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CRN: _____ DEPT: _____ NUM: _____ SEC. _____

Above change(s) not official until signed by Faculty advisor & RETURNED to the Student Service Center

_____ Official Use Only _____

Approved: _____ **Date:** _____ **REP:** _____
 ADVISOR'S SIGNATURE