

REGISTRAR DEPARTMENT REQUEST FORM

Please complete the information below: Name: _______Date: _____ Phone Number: _____Email Address: Program: _____Last 4 Digits of SSN: _____ **I REQUEST THE FOLLOWING:** Change session: Day Evening, starting: ☐ Change program: Program: ☐ Day ☐ Evening Return to Eastwick College. Program: _____ Day Day Evening Starting: _____ ☐ Withdrawal from Eastwick College Reason: Other (check one): Schedule Transfer Credits Academic Analysis Reason (documentation may be required for certain requests): Student Signature Date Office Use Only: Received: ______ Processed by: ______ Notes: _____

^{*}Form retained by Registrar Department