

# NEW MEXICO TECH – Change of Registration

Name \_\_\_\_\_ ID# \_\_\_\_\_ Semester \_\_\_\_\_ 20\_\_\_\_  
(Last) (First)

Email Address \_\_\_\_\_

<u>ADD</u>	<u>DROP</u>	<u>Course Ref. Number</u>	<u>Dept. Name &amp; Course #</u>	<u>Lec. or Lab</u>	<u>Section</u>	<u>Sem. Hrs.</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Signatures are required.*

Advisor \_\_\_\_\_

Graduate Office \_\_\_\_\_  
(Graduate Students Only)

International Office \_\_\_\_\_  
(International Students Only)

Financial Aid \_\_\_\_\_

Student \_\_\_\_\_ Num. of Hrs. after change \_\_\_\_\_ Do you receive VA benefits? Y \_\_\_\_\_ N \_\_\_\_\_