



Office of the Registrar
Student Services Center
 100 Ochre Point Avenue
 Newport, Rhode Island 02840-4192
 401.341.2943 • FAX: 401.341.2996

STAFF USE ONLY:
 Academic Advising Initials: _____
 Data Entry Initials: _____
 Date Accepted: _____

COURSE ADJUSTMENT FORM

PRINT CLEARLY. USE BALL-POINT PEN.

Cell Phone: _____

Year: _____ Semester: Fall Spring Summer I Summer II

Student Name: Last _____ First _____ MI _____

Date of Birth: ____ / ____ / ____ (Month/Day/Year) Campus Mail Box Number: _____

Local Address (off-campus): Number & Street: _____

Apartment: _____ City: _____ State: _____ Zip Code: _____

Local Telephone Number: (_____) _____ E-Mail Address: _____

Check Class Standing: Freshman Sophomore Junior Senior Graduate Non-matriculated

D R O P	Course Code	Section	Course Title	Credits	Audit?	D R O P

A D D	Course Code	Section	Course Title	Credits	Audit?	A D D

Revised Total Credits: Total credits

Make checks payable to Salve Regina University.

NOTICE: I accept responsibility for ensuring that all courses registered this semester are appropriate to my degree program and class standing, or are being taken for my personal enrichment. I am responsible for the accuracy of all information on this form. I agree to notify the Registrar's Office promptly in writing of any withdrawal or other change that affects my enrollment status in any class this semester. I understand that delinquent student account balances are subject to collection, and I am liable for any costs incurred in the process of such collection.

Student Signature: _____ Date: _____

WHITE - Registrar YELLOW - Student
 Rev. March, 2010

Business Office Use Only

Tuition: _____ Technology Fee: _____
 Lab/Studio Fee: _____ Other: _____
 Activities Fee: _____
Total: _____

Payment Type: Check Cash
 Visa MasterCard

Cardholder Name: _____
 Card Number: _____