TRINITY INTERNATIONAL UNIVERSITY

SOUTH FLORIDA CAMPUS

Trinity Evangelical Divinity School ✦ Trinity Graduate School

CHANGE IN REGISTRATION
ADD/DROP

TIU ID#: _____ **NAME:** _____ **BOX** _____ **TEDS MAR / TGS MACP**

Last First MI Circle One

SOCIAL SECURITY NUMBER: _____

SEMESTER: _____ **YEAR:** _____ **TOTAL HOURS BEFORE ADD/DROP:** _____

	Dept.	Course #	Sec.	Title	Hrs.	Instructor's Signature	Day	Time
DROP								
DROP								
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TOTAL HOURS AFTER ADD/DROP: _____ **I RECEIVE VETERANS BENEFITS:** **YES / NO**

Circle One

I RECEIVE FINANCIAL AID: **YES / NO** **FINANCIAL AID OFFICE NOTIFIED:** _____

Circle One Date

STUDENT SIGNATURE/DATE: _____

ADVISOR: _____ **ACADEMIC DEAN:** _____

Signature/Date (Signature/Date required if more than 18 hours)

$3.00 fee required after 5th day of semester: Fee paid: ❑ **Date entered w/Initials by Records Office:** _____

Rev. 02/14/2003