

CALIFORNIA ARTS UNIVERSITY

REGISTRATION CHANGE REQUEST FORM

4100 W. Commonwealth Avenue, #101, Fullerton, CA, 92833 Phone: 213-700-7575 Fax: 714-907-1511 Website: www.cau-edu.us E-mail: info@cau-edu.us

Last Name First Name Middle Date of Birth

Mailing Address		City		State	Zip Code
Phone Number: ()	Email:				
SELECT THE TERM:					
□ WINTER	□ SPRING	□ SUMMER			
REQUESTED DROP COU	RSE(S):				
COURSE NUMBER	COURSE TITLE	Uì	NITS	DAYS	TIME
REQUESTED ADD COUR COURSE NUMBER	SE(S): COURSE TITLE	Uì	NITS	DAYS	TIME
	PASS/NO PASS COURSES:	T			T
COURSE NUMBER	COURSE TITLE	U	NITS	DAYS	TIME
"I have discussed with school	ol administrators regarding my ac	eademic progress an	nd after (considering 1	the advices. I have
decided to request the inform		adeline progress an	id ditter v	considering (ine advices, i nave
Student's Signature			Date		
Approved by:		Title:			

Signature: Date: