



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
Starting: _____

Return to Eastwick College. Program: _____ 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: _____