

#

Date \_\_\_\_\_ Student ID# \_\_\_\_\_ Name \_\_\_\_\_  
Last First Middle Initial

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Term	Course Name	Course Number	Location	Registration Action: Add or Drop/Withdrawal

**Acknowledgement of Registration Change Request and Academic Requirements**

*I acknowledge that I have requested the registration changes noted on this form and that these changes may affect my academic record and anticipated graduation date. It is my responsibility to ensure that I have fulfilled my degree requirements for graduation. I understand that I can view my current progress toward graduation, including courses used to complete requirements, as well as any outstanding degree requirements, on the My Progress page on my Student Planning account located on the MySaints Portal. I understand that while an advisor signature is not required for add or drop registration changes during the Add/Drop period, that I should consult with my academic advisor regarding any adjustments to my academic record.*

*I acknowledge Emmanuel College's Drop/Withdrawal Policy and that the above changes may also affect my financial charges and financial aid.*

**Required Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Graduate Nursing Face to Face & Hybrid Course Drop & Withdrawal Policy 2018-2019**

All semesters	Contact Office of the Registrar	Refund	Grade
Last Day to Add	Prior to the first class meeting	N/A	N/A
Last Day to Drop	Prior to the first class meeting	100%	Not Transcribed
Last Day to Receive a Refund	Prior to 6 p.m. EST of the second class meeting	75%	"W"
Last Day to Withdraw	Prior to 6 p.m. EST of the fourth class meeting	0%	"W"
Withdrawal Not Permitted	After 6 p.m. EST of the fourth class meeting	0%	"F" or Grade Earned

**Registrar Use Only:** Processed by \_\_\_\_\_ Date: \_\_\_\_\_