

**CHANGE IN REGISTRATION (ADD/DROP ONLY)**

**LEVEL (check one):**

UNDERGRADUATE ASSOCIATE  
 UNDERGRADUATE DAY  
 UNDERGRADUATE WEEKEND  
 GRADUATE SEMESTER  
 GRADUATE WEEKEND

**TERM (circle one):**

FALL      WINTER      SPRING      SUMMER

YEAR: \_\_\_\_\_

Please print the following information:

ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

Name

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone

Home: (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

**COURSES TO BE DROPPED**

CRN	Subj	Crse #	Section	Audit	Repeat	Title	Instructor Signature

**COURSES TO BE ADDED**

CRN	Subj	Crse #	Section	Audit	Repeat	Title	Instructor Signature

*Return completed form (with faculty signature(s) as required) to the registrar's office in person, by mail or by FAX. If after hours, use the drop box outside the office. Drop box mail is picked up the next business day, Monday – Friday. The date this form is received by the registrar's office will be used to determine any applicable charges or refunds. It is the responsibility of the student to confirm any changes in registration by checking "Student Schedule" online in KateWay.*

**St. Paul Campus:**  
 College of St. Catherine  
 Office of the Registrar Mail #F-31  
 2004 Randolph Avenue  
 St. Paul, MN 55105  
 Fax: 651-690-6558

**Minneapolis Campus:**  
 College of St. Catherine  
 Office of the Registrar  
 601 25<sup>th</sup> Avenue South  
 Minneapolis, MN 55454  
 Fax: 651-690-7877