



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.cauniv.edu E-mail: info@cauniv.edu

| | | | |
|-----------|------------|--------|---------------|
| Last Name | First Name | Middle | Date of Birth |
|-----------|------------|--------|---------------|

| | | | |
|-----------------|------|-------|----------|
| Mailing Address | City | State | Zip Code |
|-----------------|------|-------|----------|

Phone Number: () _____ Email: _____

SELECT THE TERM:

WINTER _____
 SPRING _____
 SUMMER _____
 FALL _____

REQUESTED DROP COURSE(S):

| COURSE NUMBER | COURSE TITLE | UNITS | DAYS | TIME |
|---------------|--------------|-------|------|------|
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REQUESTED ADD COURSE(S):

| COURSE NUMBER | COURSE TITLE | UNITS | DAYS | TIME |
|---------------|--------------|-------|------|------|
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REQUESTED AUDIT OR PASS/NO PASS COURSES:

| COURSE NUMBER | COURSE TITLE | UNITS | DAYS | TIME |
|---------------|--------------|-------|------|------|
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“I have discussed with school administrators regarding my academic progress and after considering the advices, I have decided to request the information stated above.”

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|---------------------|--------------|
| _____ | _____ |
| Student’s Signature | Date |
| Approved by: _____ | Title: _____ |
| Signature: _____ | Date: _____ |