



ENROLLMENT REQUEST
ARIZONA STATE UNIVERSITY
UNIVERSITY REGISTRAR'S OFFICE

Students may submit enrollment requests online at <http://my.asu.edu/> or in-person at any University Registrar location prior to the enrollment deadline.

STUDENT ID NUMBER:	NAME (LAST, FIRST, M.I.):	DATE:
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Financial Aid recipients who completely withdraw from the university may be responsible for repayment of funds. Contact Student Financial Assistance for details.

Are you an International Student with an F1 or J1 visa? (Check One) Yes* No
 *Serious immigration consequences may result from withdrawing or dropping below full-time enrollment status. International students with an F1 or J1 visa whose drop or withdrawal will result in less than full-time enrollment must obtain advising from the International Student Office in the Student Services building, room 265. For more information visit the ISO website at <http://www.asu.edu/studentaffairs/ed/iso/>, or call (480) 965-7451.

INTERNATIONAL STUDENT OFFICE ADVISING SIGNATURE:	DATE:
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SEMESTER (Check One): Fall Spring 1st Summer 8 Week Summer 2nd Summer Winter **YEAR:** _____

INITIAL REGISTRATION: Yes No **ACADEMIC CAREER:** Undergraduate Graduate Law Non-Credit

Transaction Type	Class #	Course Subject & Number	For Audit (No Credit)	Units:	Swap with Class #	Units:	For Audit (No Credit)	Instructor's Signature (If Required):
CLASSES TO BE Added →			<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					
CLASSES TO BE Dropped/Swapped → <small>(Students may not drop their last class without adding another).</small>							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	

STUDENT SIGNATURE: _____	DATE: _____	
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ADVISOR'S SIGNATURE (If Required by Department of Major): _____	DATE: _____	DEPARTMENT APPROVAL STAMP (If Required):
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AUTHORIZED SIGNATURE OF COLLEGE/ACADEMIC UNIT OFFERING COURSE (Authorized signatures are valid for 5 business days). (If Required): _____	DATE: _____	
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Transaction requests must be submitted by the deadline date. (See the University Registrar's Semester Calendar at: <http://students.asu.edu/academic-calendar> for deadline dates).

The ASU University Registrar's Office website can be found at: <http://students.asu.edu/registration>.

Special accommodations for classes should be requested through the Disability Resource Center, Matthews Center, Tempe campus (480) 965-1234 (Voice/TTY) or West campus at (602)543-8145 (Voice/TTY). Some classroom accommodations may require extended preparation time (i.e., a minimum of one semester).

For Registrar Office Use Only

File Date: _____