



REGISTRATION ADJUSTMENT REQUEST

Student Name: _____

Program Name: _____

U-M ID: _____

E-mail: _____

To retroactively add, drop, or modify a course in a previous term, a completed Election Worksheet (signed by the instructor and the graduate chair) must be attached. NOTE: Current term adds and drops are initiated by the student on Wolverine Access. Other changes to a course or registration are handled directly with the Registrar's Office. International students should consult with the International Center before dropping courses as this may affect their immigration status.

No changes to a course are allowed after a grade has been assigned.

Request for a retroactive withdrawal after the last day of the term will be considered only for exceptional circumstances in which a student was unable to complete the term and will not be approved for a course for which a grade has been submitted. A request for retroactive withdrawal must be made within 12 months from the end of the term and usually applies to all classes in the term. Attach documentation of compelling circumstances why the student was unable to complete the term and unable to request a withdrawal during the term. At no point after the term has ended will a class be removed from a student's record; if the exception is approved it will remain on the record and noted as "W". A signed completed Term Withdrawal Notice must be attached.

Please note that submission of request does not guarantee approval.

Form for registration adjustment request 1. Includes fields for Term/Year, Add/Modification/Drop options, Last Date of Participation, Subject, Course Number, Section, Credit Hours, Modifier, and a text area for Specify request and reason.

Form for registration adjustment request 2. Includes fields for Term/Year, Add/Modification/Drop options, Last Date of Participation, Subject, Course Number, Section, Credit Hours, Modifier, and a text area for Specify request and reason.

Student Signature * _____ * Signature denotes approval Date: ___/___/___ (MM) (DD) (YY)

Instructor Signature * _____ Instructor Name Printed _____ Date: ___/___/___ (MM) (DD) (YY)

Graduate Chair (or Designate) Signature * _____ Graduate Chair (or Designate) Name Printed _____ Date: ___/___/___ (MM) (DD) (YY)

Graduate School Decision & Signature box. Includes Date: ___/___/___ (MM) (DD) (YY) and a large empty space for the signature.