

Office of the Registrar PO Box 261 17600 Pacific Hwy Marylhurst, OR 97036-0261 Ph. 503.699.6267 Fax 503.697.5596 www.marylhurst.edu registrar@marylhurst.edu

## REGISTRATION ADD / DROP / WITHDRAW

Year		Term	Permission, if required:			
Marylhurst ID # Date		□ Full class □ Late add □ Late change of grade to			program	
			Signature			
Úc å^} o4	ignature		olgridiate			
⇒ ADD t	these classes to my	schedule:				
	Course No. (Ex: CCM 123A)	Cou	ırse Title		Num Credits	Grade Type*
ADD						
ADD						
ADD						
ADD						
ADD						
ADD						
ADD						
ADD						
	Grading Types: A-F	allt grade type will be selected. Not all eletter grade, P/NP=Pass/No Pass ese classes from my schedule:	grading types are available for e	very class.		
	Course No.	oc olasses from my soficulie.			Num	Grade
CIRCLE ONE:	(Ex: CCM 123A)	Co	urse Title		Credits	Type

Registrar: \_\_\_\_\_ Date: \_\_\_\_

Have you changed your address, phone or email?

Update your contact information in My Marylhurst (my.marylhurst.edu)

DROP
WITHDRAW
DROP