



DUAL ENROLLMENT REGISTRATION ADJUSTMENT FORM

Please complete this form and submit to the Registrar's Office by email registrar@uscb.edu, faxed 843-208-8282, or in person Hargray room 135.

Name: _____ Email Address: _____@email.uscb.edu

Phone Number: _____ USCB Student ID: _____

High School: _____

School Counselor Name: _____

School Counselor Email Address: _____ Semester: Fall Spring Summer

Please choose: Year: _____

I am withdrawing from a course.

Course Subject: _____ Course Number: _____
(EX: ENGL) (EX: B101)

Course Subject: _____ Course Number: _____

Course Subject: _____ Course Number: _____

I am changing courses.

Course Subject to Remove: _____ Course Number to Remove: _____
(EX: ENGL) (EX: B11)

Course Subject to Remove: _____ Course Number to Remove: _____

Course Subject to Remove: _____ Course Number to Remove: _____

Course Subject to Add: _____ Course Number to Add: _____ CRN: _____
(EX: is a 5 digit number)

Course Subject to Add: _____ Course Number to Add: _____ CRN: _____

Course Subject to Add: _____ Course Number to Add: _____ CRN: _____

By signing this form, I agree that...

- I have confirmed this adjustment with my school counselor
- I understand the academic deadline dates for USCB
- I understand I must contact the USCB Bookstore regarding the books for my courses

OFFICE USE ONLY

Initial: _____

Date: _____

Student Signature: _____ Date: _____