	UNIVE OF MI	ERSITY <mark>AMI</mark>		D	D/)D	/ADD EC	DM							For Office Use RGCHCOUR	TERM *
* Campus ID (C#)			* Canelink ID (5#)				* Student Name (Last, First, Middle Initial)				*Required Field * School/Program/Pla				EFFECTIVE DATE	
Email Add	ress:							Phone Number (when				REACH YO	ou):			
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DEAN SI	GNATURE	DEAN PRI				AME	DATE		PHO		ONE NUMBER			Maximum number of Credits approved by Dean:		
ADVISOR	R SIGNATUF	ADVISOR PRINT NAME					DATE			PHONE NUMBER						
STUDENT SIGNATURE				DATE												
	TRAR COPY	I ACCEPT THE FINANCIAL TERMS OF ENROLLMENT AND TITLE IV NOTIFICATION *Note: Dean's signature required for credit overload, dropping or adding after the deadline, backdating and exceptions within individual schools. Student is also responsible for the financial responsibility and the federal Title IV notification on back of this form.								SIGN	LETICS PE IATURE:	ERMIS	SION	FOR REGISTRATION O PROCESSED BY:	FOR REGISTRATION ONLY: PROCESSED BY:	

DATE: __

REV: 9/26/18

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