



NORTHWESTERN
UNIVERSITY
IN QATAR

Student Records
CHANGE OF REGISTRATION FORM (ADD/DROP)

Date: _____

First Name

Middle Name

Last Name

Student's ID Number: _____

Telephone Number: _____

Standing: _____

Semester/Term: _____

Year: _____

ADD					DROP				
CLASS NO.	SUBJECT	CATALOG NO.	SECTION	FACULTY SIGNATURE	CLASS NO.	SUBJECT	CATALOG NO.	SECTION	FACULTY SIGNATURE

IMPORTANT: PLEASE SECURE ALL APPROPRIATE PERMISSIONS PRIOR TO SUBMISSION TO STUDENT RECORDS.

ACADEMIC ADVISOR

DATE

STUDENT RECORDS

DATE RECEIVED

DATE PROCESSED