

**Valparaiso University School of Law - Office of the Registrar  
Drop/Add Card - Change in Registration**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I.D. #: \_\_\_\_\_ Telephone: \_\_\_\_\_ circle one: FT / PT

Check Box if Changing Grading Type ONLY

**COURSES DROPPED**

**COURSES ADDED**

Crs No.	Sec.	Course Title	Sem.	Grd Type	Crs.	Crs No.	Sec.	Course Title	Sem.	Grd Type	Crs.

Total Credits After Exchange: \_\_\_\_\_  
Registrar's Office initials: \_\_\_\_\_ Date: \_\_\_\_\_

Student's  
Signature \_\_\_\_\_