NEW MEXICO HIGHLANDS UNIVERSITY

Registration/Drop/Withdrawal Form

Office of the Registrar
registrar@nmhu.edu
(505) 454-3438

Semester: Fall_____ Spring_____ Summer_____

Campus: (Check one)

☐ Las Vegas ☐ Albuquerque ☐ Rio Rancho ☐ Online
☐ Santa Fe ☐ Farmington ☐ Roswell

Name: _____ NMHU ID#: @_____

Address: Street/P.O. Box _____ City _____ State _____ Zip _____

DOB:____/____/____ HU Email: _____@live.nmhu.edu Phone: (____) _____

Adviser: _____ Major: _____

Registration (ADD these courses to my schedule of classes)								
CLASS CODE				**DEPT.**	**COURSE #**	**COURSE TITLE**	**CR/AU UNITS**	**Instructor Permission (When appropriate)**

DROP/WITHDRAW these courses from my schedule of classes							
CLASS CODE				**DEPT.**	**COURSE #**	**COURSE TITLE**	**CR/AU UNITS**

My signature reflects that I understand that I am ***registering, dropping, and/or withdrawing*** *from these above course(s) and I am responsible for the tuition charges and any fees associated with the courses.* ****Please refer to your schedule of classes for tuition charges and refund policies****

Approvals:

☐ Closed Class ☐ Overload (up to 21 credit hours) ☐ Special Course Permission ☐ Time Conflict
☐ Late Registration ☐ Pre-requisite/co-requisite waived ☐ Graduate Provisional Hold

Student Signature Date

Academic Adviser (Freshman Only) Date

Academic Dean or Department Chair (when appropriate) Date

VPAA/Provost Date