



Registration, Add, and Drop Form

Student Number: _____ Student Name: _____

Major: _____ Semester/Year: _____

Look-up the information below in the schedule of classes available online at www.umkc.edu/sched.

Add, drop, or change (circle one)	Reference Number (5 digits)	Department & Course Number (eg. ENGL 110)	Course Title	Cr Hr	Consent Number (if req'd)	Audit OK	Instr Perm OK	Closed Class Consent	Instructor Signature (audit permission, special permission, closed class, after 1 st week)
A / D / Ch									
A / D / Ch									
A / D / Ch									
A / D / Ch									
A / D / Ch									
A / D / Ch									
A / D / Ch									
A / D / Ch									
A / D / Ch									
A / D / Ch									
A / D / Ch									

Mark through any unused lines above.

Total Credit Hours: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Required if your academic unit requires advising or whenever an instructor signature is required.

Dean (or representative) Signature: _____ Date: _____

Required to add a class after the 20th class day.

Registration Office
 115 Administrative Center
 5115 Oak Street
 Kansas City, MO 64110
 816-235-1125
 816-235-5513 fax
registrar@umkc.edu
www.umkc.edu/registrar

Online registration: www.umkc.edu/registrar/star

Telephone registration: 816-444-8008

Processed by: _____ Date: _____