



NEW YORK INSTITUTE OF TECHNOLOGY

■ CHANGE OF PROGRAM

ID#: _____ Today's date: _____ Term: _____

Name (print): _____ Total semester credits after change: _____
last first

DROP				
TERM	COURSE	SECTION	CREDITS	REGISTRAR

ADD					
TERM	COURSE ID#	COURSE	SECTION	CREDITS	REGISTRAR

Important information to faculty advisors:

To add a student to a closed section, waive prerequisites, or waive a course conflict, please see Authorization for Registration on the reverse side.

Reason for change:

Advisor's signature: _____ Date: _____

I understand that by dropping and/or adding the courses that I have registered for during this semester(s), I agree to be charged in accordance with the published schedule of charges set forth in the college catalog with respect to payment of tuition, fees, refunds, dropping and adding courses, and the withdrawal policy procedures also available online at www.nyit.edu. I agree to be bound by this form and abide by the rules and regulations published in the current catalog. I agree to pay my debt to NYIT for any amounts due for tuition and fees and other charges. In the event that all charges are not paid when due, I agree to pay NYIT all costs associated with the collection of my delinquent account, which includes the payment to NYIT of the principal sums due, plus all costs, including but not limited to collection agency fees constituting 33 percent of the principal balance due if NYIT engages a collection agency to secure payment, or legal fees constituting 50 percent of principal balance due if NYIT engages legal counsel to secure payment, plus interest on the outstanding balance at the maximum legal rate allowed by law, and any and all other costs that will be associated with the collection of the delinquent amounts. All collection matters shall be governed by New York law; the courts of New York shall have jurisdiction in these matters..

Student's signature: _____ Date: _____

Bursar clearance

Signature: _____ Date: _____

International Student Advisor (if you are on an F-1 visa)

Signature: _____ Date: _____

Name: _____

**COMPLETE ONLY IF YOUR LOCAL OR BILLING ADDRESS IS DIFFERENT THAN YOUR HOME ADDRESS
(ADDRESS PRINTED ON REVERSE SIDE OF FORM)**

Local address—This is your address while attending NYIT. Please update your local address and telephone number.

Street address: _____

City: _____ State: _____ ZIP + 4: _____

Local phone: _____

Billing address—your bills/refunds will be sent to this address

Street address: _____

City: _____ State: _____ ZIP + 4: _____

Billing phone: _____

Do you know your NYIT email user name and password? Yes No

Do you plan to graduate this academic year? Yes No

Do you hold a student visa (F-1)? Yes No

ADMIT STATUS (Check one)

- Freshman Readmitted Graduate
 Transfer Continuing Non-Degree

ETHNICITY/RACE (Optional)

- White, Non-Hispanic Black, Non-Hispanic
 Hispanic Asian/Pacific Islander
 Alaskan Native American Indian

AUTHORIZATION FOR REGISTRATION

Course Name and Number	Permission To (Use A, B, or C)	Explanation (Why this is being permitted)	Signature of Instructor and/or Chairperson	Date

- A. Add a student to closed course.
B. Waive a pre-requisite
C. Permission to waive course conflict.