



## CHANGE IN REGISTRATION

<b>TERM</b>	
<b>DATE</b>	

Office of the Registrar • (734)432-5400 • registrar@madonna.edu

ID NUMBER						NAME (last)				(first)	(middle)

Dept	Course #	Section	Lab	Audit	Sem Hrs	Add	Drop	Withdraw	Comments/Reasons

- I understand that by signing this form that I, the student, am legally obligated to pay all tuition and fees. In the event of default, the University may refer my account to a credit reporting agency, a collection agency, and/or initiate legal action to recover any outstanding debt. I understand that I am also responsible for the costs of collection including interest, penalties, collection agency fees, court costs and attorney fees.
  
- I understand that by adding, dropping, and/or withdrawing from the above classes I may affect my present and/or future financial aid, including any type of federal, state, or institutional aid administered by the Madonna University Financial Aid Office.

Signature \_\_\_\_\_