



Rockland Campus:
 Office of the Registrar
 Alliance Theological Seminary
 350 North Highland Ave
 Nyack, NY 10960
 Fax (845) 348-3918

New York City Campus:
 Office of the Registrar
 Alliance Theological Seminary
 335 Broadway / 93 Worth St
 New York, NY 10013-3904
 Fax (917) 237-0399

CHANGE OF REGISTRATION FORM (ADD/DROP)

Name _____ Date _____

Student ID# or Social Security # _____

Semester / Year of Change _____

- *A class that is dropped after the course change (add/drop) period is over will be considered a withdrawal, and will be so noted on the student's transcript. Tuition refunds will be issued on a percentage basis only.*

Change (Add, Drop, Withdraw, Audit)	Course#	Course Title	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I agree to pay any charges incurred by the changes indicated above for adding, dropping, and/or withdrawing from classes. I understand it is my responsibility to be informed of ATS registration & financial policies, and to comply with those policies.

Student Signature _____

FOR OFFICE USE ONLY	
DATE RECEIVED _____	AMOUNT OF REFUND \$ _____