

Office of the Registrar
ABSENTIA REGISTRATION FORM

COLLEGE OF ARTS, EDUCATION, AND SCIENCES

COLLEGE OF BUSINESS AND SOCIAL SCIENCES

COLLEGE OF HEALTH SCIENCES

COLLEGE OF PHARMACY

GRADUATE SCHOOL

Register *in absentia* for the

Semester

Date: _____

CWID: _____

Last Name: _____

First Name: _____

Middle Name: _____

Major: _____

Approval

Academic Dean, Associate Dean or Graduate School Dean

Date

Registrar's Office Use Only