

**CHANGE OF APPOINTMENT TIME REQUEST  
FALL & SUMMER 2009 REGISTRATION**

**PLEASE PRINT LEGIBLY**

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

STUDENT ID # \_\_\_\_\_ 3L 2L 1L

ASSIGNED APPOINTMENT **DAY** & TIME \_\_\_\_\_

REASON FOR REQUEST \_\_\_\_\_

\_\_\_\_\_  
**If you are approved for a change of appointment time it will be reflected on MYUM within 24 hours. If you are not approved, you may come to our office to pick up your form which will explain the basis for the decision.**

\_\_\_\_\_  
**TO BE COMPLETED BY REGISTRAR'S OFFICE**

REQUEST APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

NEW FALL 09 APPOINTMENT TIME \_\_\_\_\_

SPRING 2009 \_\_\_\_\_

FALL 2008 \_\_\_\_\_

REGISTRAR'S COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROCESSED BY \_\_\_\_\_