

**College of Adult & Graduate Studies**  
**MACU-ONLINE CHANGE OF REGISTRATION**

Please complete the following to withdraw from a course or to change your current registration.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Social Security Number \_\_\_\_\_ Today's Date \_\_\_\_\_

Academic Year \_\_\_\_\_ Check Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Please **drop** me from the following course(s).

\_\_\_\_\_ Internet \_\_\_\_\_ Contract \_\_\_\_\_

\_\_\_\_\_ Internet \_\_\_\_\_ Contract \_\_\_\_\_

\_\_\_\_\_ Internet \_\_\_\_\_ Contract \_\_\_\_\_

\_\_\_\_\_ Internet \_\_\_\_\_ Contract \_\_\_\_\_

Please **enroll** me in the following course(s).

\_\_\_\_\_ Internet \_\_\_\_\_ Contract \_\_\_\_\_

\_\_\_\_\_ Internet \_\_\_\_\_ Contract \_\_\_\_\_

\_\_\_\_\_ Internet \_\_\_\_\_ Contract \_\_\_\_\_

\_\_\_\_\_ Internet \_\_\_\_\_ Contract \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this registration, I accept full responsibility for all applicable charges incurred while enrolled at Mid-America Christian University.

**DO NOT EMAIL! Fax to (405) 692-3281 or mail to: College of Adult & Graduate Studies  
Attn: MACU-Online  
C/o Mid-America Christian University  
3500 S. W. 119<sup>th</sup>  
Oklahoma City, Okla. 73170**