Student name: ______________________________________          Flashline ID: ___________________________

Deregister from  (circle one AND provide CRN or Days/time of the class)
00020  00021  00022  00023  00024  CRN _______ or Days/time of the class _____________

Register to  (circle one AND provide CRN or Days/time of the class)
00020  00021  00022  00023  00024  CRN _______ or Days/time of the class _____________

Date ___________    Instructor name (please print and initial): ____________________________________________

A note to the instructor: Both classes must be taught by you.

Please keep close track of deregistration/registration permits that you issued.