



Office of the Bursar (JSSB 150)
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REGISTRATION TRANSACTION DISPUTE
This form is only used to verify attempts to drop a course.

Student Name: _____

Student ID#: _____ Semester & Year _____

CRN & Course #: _____

Student Signature: _____

Phone Number: _____ Email: _____

Important: All communications regarding this dispute will be sent to the email address listed on this form.

Required: Please indicate the date(s) you attempted to drop your course(s) on the Student Hub. _____

Please attach a typed, detailed explanation of the events surrounding your registration issues. Be sure to include the date you attempted to change (drop) your registration online so that an Information Technology audit of the registration logs may be conducted on your behalf.

For Office Use Only

SIGNATURE & TITLE OF PERSON CONDUCTING IT INVESTIGATION DATE

PRINTED NAME EXT.

Did the Registration Audit show an attempt to drop? YES _____ NO _____, If no, request is DENIED.

_____ **DROP** (Delete specific class(es) from academic record.)

_____ **WITHDRAW** (Post W grade notation to academic record.)