



Course Change / Withdrawal Request

Name: _____ SS#: _____ Semester & Year _____

| Course # | Credit or Audit | Course Title | Drop | Add | Date |
|----------|-----------------|--------------|------|-----|------|
| | | | | | |
| | | | | | |
| | | | | | |

Reason: _____

Student Signature: _____ Date: _____

=====
Office Use Only

Treasurer's Office: _____ Computer Entry: _____ Academic Advisor: _____

Date Received: _____



Course Change / Withdrawal Request

Name: _____ SS#: _____ Semester & Year _____

| Course # | Credit or Audit | Course Title | Drop | Add | Date |
|----------|-----------------|--------------|------|-----|------|
| | | | | | |
| | | | | | |
| | | | | | |

Reason: _____

Student Signature: _____ Date: _____

=====
Office Use Only

Treasurer's Office: _____ Computer Entry: _____ Academic Advisor: _____

Date Received: _____