



OFFICE OF THE
University Registrar

Change of Course Request

Undergraduate Students

Commodore Student ID: _____
 Student Name: _____
 Student Home School: A&S BLR ENG GPC
 Term/Year (e.g., Fall 14): _____

D R O P	SUBJECT AREA	COURSE NUMBER	SECTION	YES CLASS NUMBER	Day/Time	INSTRUCTOR APPROVAL <i>Required after 10th day of class. Attach written/email communication as appropriate.</i>		

Will dropping any above course(s) leave you below 12 credit hours?*	Y / N	NOTE: Effective date is the date form is received by the home school Office of Academic Services
Are you planning to graduate this semester or next?*	Y / N	
Are you now, or have you ever been on academic probation?*	Y / N	
Are you taking a graded course "Pass/Fail" other than that which you are dropping?*	Y / N	

**If you answered YES to any question above, dean's approval is required. Courses dropped after the deadline to "drop with no entry on the record" will be entered on the student's record with a grade of W. No course can be dropped after the published deadline for withdrawal.*

A D D / E D I T	SUBJECT AREA	COURSE NUMBER	SECT.	YES CLASS NUMBER	Day/Time	Will this add put you above 18 hours? Y/N	Request For Audit? Y/N**	Request for Pass/Fail grade basis in a typically graded course? Y/N***	INSTRUCTOR APPROVAL <i>Attach written/email communication as appropriate.</i>

**Certain courses are not eligible to audit. No permanent record is kept of audited courses.

*** Must meet pass/fail eligibility requirements.

Adviser's PRINTED NAME & Signature _____ Date _____

Math DUS approval _____ Date _____
(Required for changing sections of or adding Math courses.)

Student's Signature _____ Date _____

*Advising Dean's approval (if necessary) _____ Date _____