

# Request to Change Class(es)

**Add • Drop • Withdraw • Switch status** *(credit to audit or audit to credit)*

Semester  summer  fall  spring Year \_\_\_\_\_

Student ID A \_\_\_\_\_

Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Day phone ( \_\_\_\_\_ ) \_\_\_\_\_ Evening/cell phone ( \_\_\_\_\_ ) \_\_\_\_\_

1. I wish to:  
*(please circle one)*

2. I wish to take this class for:  
*(please circle one)*

Add	Drop	Withdraw	Switch	Course ID/CRN#	Credit	Audit
A	D	W	S	_____	C	AU
A	D	W	S	_____	C	AU
A	D	W	S	_____	C	AU
A	D	W	S	_____	C	AU
A	D	W	S	_____	C	AU
A	D	W	S	_____	C	AU

Are you withdrawing from all your classes?  yes  no

Explain reason for change

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor's signature \_\_\_\_\_ Date \_\_\_\_\_

Chair's/Dean's signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only: Processed by: _____ Date _____
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