



# COURSE CHANGE REQUEST

OFFICE USE ONLY	
Date	_____
Time	_____

Name \_\_\_\_\_ last \_\_\_\_\_ first \_\_\_\_\_ middle initial \_\_\_\_\_ ID# \_\_\_\_\_ Term \_\_\_\_\_

Local Mailing Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Check the degree you are seeking:       BA/BS       BLS       BPS       MALS       MEd       MBA

**A. COURSES TO BE DROPPED:** Indicate below the courses to be dropped from your schedule for the current term. Courses may be dropped without instructor or adviser signatures during the first three weeks of the term. See the *Dictionary of Academic Regulations* for information regarding the approvals for underloads. A course drop is not official until this form is completed and received by the Office of the Registrar.

CRN	COURSE NUMBER										SECT	ABBREVIATED COURSE TITLE

*Authorization to take an "UNDERLOAD". (Less than 12 credit hours for regular full time students.)*

\_\_\_\_\_

**B. COURSES TO BE ADDED:** Courses may be added during the Drop/Add Period and during the first week of the semester only. If the total number of credits taken this term, including the course(s) added below, creates an overload, approval must be received from the Office of Academic Services.

CRN	COURSE NUMBER										SECT	GRADE TYPE		REPEAT COURSE	ABBREVIATED COURSE TITLE
												GRADED	P/F or S/U		

Overload Authorization (Academic Services or CGPS) **MAX:** \_\_\_\_\_ **Authorized by:** \_\_\_\_\_

Students must pay additional fees for any credits over 18.

**C. PASS/FAIL CHANGES:** Use this section to change to or from a pass/fail grade.

CRN	COURSE NUMBER										SECT	COURSE TITLE	CHANGE TO:	
													P/F	GRADE

**Total Credits registered for this term, including the above change(s):** \_\_\_\_\_

**I accept responsibility for my course schedule, including the above change(s).**  
 Student's Signature \_\_\_\_\_