

Design Services

Proof Verification

Client _____ Date _____

Job Name _____

Job No _____

Proof No **1** **2** **3** **4** Other _____

1

Please follow these instructions

2

Check appropriate box (only 1)

Please Read

Please check this proof for incorrect spelling, type size, style and position.
No job will be released to print without signature and approval.

Please mark all changes clearly on the proof then check appropriate box below, sign and fax back to number checked at bottom.

- Print as is - No corrections.
- Make correction as indicated and print - Additional proof not necessary.
- Make correction as indicated and prepare another:
 - PDF Proof and email it to me.
 - Paper Proof and:
 - Call me for pick up. My ext: _____
 - Send it Interdepartmental Mail.

Questions regarding this Proof, please call AJ Newell at: 540.654.1934

3

Please sign, date and return

X

Signature

Date

Design Services cannot assume liability for errors on an OK'd proof.

4

Fax form back

Fax 540.654.1933



COURSE CHANGE REQUEST OFFICE OF THE REGISTRAR

Rev. 3/07

OFFICE USE ONLY	
DATE _____	
TIME _____	

Name _____ ID# _____ Term _____
last first middle initial

Local Mailing Address _____ Daytime Phone _____ Email Address _____

Check the degree you are seeking: BA/BS BLS BPS MED MBA MS MSMIS ND

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) _____
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B. COURSES TO BE ADDED: Courses may be added during the Add/Drop 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)
 Students must pay additional fees for taking more than 18 credits.

MAX: _____ Authorized by: _____

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

CHANGE TO:

CRN	COURSE NUMBER	SECT	COURSE TITLE	P/F	GRADE

TOTAL CREDITS registered for this term, including the above change(s): _____
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I accept responsibility for my course schedule, including the above change(s). <i>Student's Signature</i> _____
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