

**REGISTRAR'S OFFICE
COURSE CHANGE FORM**

TERM/YEAR _____/_____

Student Name (**LAST**, first, middle): _____ Student ID# _____

Both Student's and Advisor's signatures needed to process all course changes.

Student's Signature: _____ **Date:** _____

Advisor's Signature: _____ **Date:** _____

<p>FOR SAS USE ONLY Staff: _____ Date: _____</p>

Dept.	Course number and section	Credit hours	Action Requested (Circle All Desired)	*Instructor Signature: (please sign and check one of the boxes to the right for reason)	Audit	After start of classes	Closed course	Course pre-req	Other (i.e. Music dept)
			Add; P/NP; Audit; Drop: WD						
			Add; P/NP; Audit; Drop: WD						
			Add; P/NP; Audit; Drop: WD						
			Add; P/NP; Audit; Drop: WD						
			Add; P/NP; Audit; Drop: WD						

* Instructor's signature is not required to drop or withdraw from a course or change to pass/no pass grading. Please review catalogue for policies on Adds, Drops, Audits, Pass/No Pass and Withdrawals

Time Overlap Permission
Both instructors signatures required.

Amount of time missed from classes: _____

Course # _____ Signature of instructor: _____

Course # _____ Signature of instructor: _____

Independent Study

Dept.	Course Number	Credit hours	Title	Instructor's Signature	Department Chair's Signature