

**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>

Course number and section (ex. PSY 105.001)	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 program)
		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						

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

Course Number	Credit hours	Title	Instructor's Signature	Program Director's Signature