St. Mary's Ecumenical Institute

REQUEST FOR CHANGE IN COURSE STATUS

Term: _____ Year: _____

Student Name: _____ Student I.D. #: _____

Address: _____

Email: _____ Daytime Phone: _____

Program (e.g. Grad Credit, Audit, M.A. Theology, etc.): _____

1. Course No. _____ Course: _____

Circle one: Add Course   Drop Course   Credit → Audit   Audit → Credit

2. Course No. _____ Course: _____

Circle one: Add Course   Drop Course   Credit → Audit   Audit → Credit

3. Course No. _____ Course: _____

Circle one: Add Course   Drop Course   Credit → Audit   Audit → Credit

Reason for Change: _____

_____

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

Registrar's Signature: _____ **Date Effective:** _____

Changes in course status (other than adding a course) must be approved by the Associate Dean before the change is finalized.

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Associate Dean's Use Only After conversation with student, Associate Dean will comment and sign.

Comments: _____

_____

_____

Associate Dean's Signature (required): _____ **Date:** _____

Billing Officer's Use Only

Refund amount (if applicable): _____

REV. 3/14/16