

Change of Course Request

Undergraduate Students

Commodore Student ID: Student Name:								Student Home School: A&S			ENG	GPC
								Term/Year (e.g., Fall 14):				
DROP	SUBJECT COURSE SECTION YES CLA					Day/Time	INSTRUCTOR APPROVAL Required after 11 th day of class. Attach written/email communication as appropriate.					
Will dropping any above course(s) leave you below 12 cre Are you planning to graduate this semeste Are you now, or have you ever been on academic p							iter or next?*	Y / N Y / N Y / N		NOTE: Effective date is the date form is received by the home school's Office of Academic Services.		
recor		YES to any q	uestion ab	ove, dean's ap n be dropped a	proval is requir fter the publish	will this add	d after the dead ndrawal.	Y / N dline to "drop with no Request for Pas	s/Fail	he record" will be e		student's
ADD / EDIT	AREA	NUMBER	SECT.	CLASS NUMBER	Day/Time	put you above 18 hours? Y/N	For Audit? Y/N**	grade basis in a ty graded course? Y			n written/email tion as appropi	iate.
	rtain courses	s are not elig	ible to aud	lit. No perman	ent record is ke	ot of audited course	S.	*** Must n	neet pass/j	fail eligibility requir	ements.	
Adviser's PRINTED NAME and Signature						Date		Math DUS Approval Date (Required for changing sections of or adding Math classes.)			Date	
Student's Signature Date of the Date of th						Date	* Ac	* Advising Dean's approval (if required) Date				