

OFFICE OF THE REGISTRAR

Fredericksburg Campus
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Phone: (540) 654-1063
Fax: (540)654-2145

Stafford Campus
South Building 144
Phone: (540) 286-8008
Fax: (540) 286-8005

Office Use Only

DATE _____

USER _____

COURSE CHANGE REQUEST

Name: _____ ID Number: _____ Term: _____

Last First Middle Initial

Address: _____ Telephone: _____

Email: _____ Date: _____

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 advisor signatures during the first three weeks of the term. A course drop is not official until this form is completed and received by the Office of the Registrar. You are required to see the Athletic, Financial Aid, and Housing offices to determine how an underload will affect your status.

CRN	Course	Section	Abbreviated Course Title

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 obtained from the Office of Academic Services.

CRN	Course	Section	Grade Type		Repeat Course*	Abbreviated Course Title
			Graded	P/F or S/U		

*Permission to Repeat a Course: To repeat a course, the original grade must be less than a C. No course may be repeated more than once. No more than three courses may be repeated in a single semester.

Overload Authorization (Academic Services or Stafford) MAX: _____ Authorized by: _____
Students must pay additional fees for taking more than 18 credits

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

CRN	Course	Section	Change To:		Abbreviated Course Title
			Graded	P/F or S/U	

TOTAL CREDITS registered for this term,
including the above changes: _____

I accept responsibility for my course schedule, including the above change(s).

Student Signature: _____