

**OFFICE OF THE REGISTRAR**

Fredericksburg Campus  
Lee Hall 206  
Phone: (540) 654-1063  
Fax: (540) 654-2145

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: \_\_\_\_\_