

OFFICE OF THE REGISTRAR

Fredericksburg Campus Lee Hall 206 Phone: (540) 654-1063 Fax: (540)654-2145 Stafford Campus South Building 144 Phone: (540) 286-8008 Fax: (540) 286-8005

| Office Use Only | |
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| | Office Use Only |

Course Change Request

| Name: | | | | | ID Number: | Term: | | |
|---|------------------------|---------|---------------------------------|-------------------|---|-----------------|--|--|
| Last | | First | Middl | e Initial | | | | |
| Address: | | | | | | Telephone: | | |
| Email: | | | | | | Date: | | |
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| 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 | | eviated Course Title | | | |
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| 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 Graded P/F or S/U | Repeat Course* | Abbreviate | ed Course Title | | |
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| *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: | | | | | | | | |
| C. GRADE/MODE CHANGES: Use this section to change to or from a pass/fail grade or credit/no credit grade. | | | | | | | | |
| CRN | Course | Section | Change To: Graded P/F or S/U | CRT/NC | Abbreviate | ed Course Title | | |
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| | | | | | | | | |
| | TS registered for this | | | | ccept responsibility for my course schedule, incl | | | |
| | | | | Stu | dent Signature: | | | |