

Course Change Form

- University College
 Summer School

University College Registration
Washington University in St. Louis, CB 1085
11 N. Jackson Rd., Ste. 1000
St. Louis, MO 63105-2153
Main: (314) 935-6700
FAX: (314) 935-6744

Course change requests for University College and Summer School should be brought to 11 N. Jackson Rd., Ste. 1000, St. Louis, MO 63105-2153, or faxed to 314-935-6744. Refunds are determined by the date validated.

Semester: Fall Spring Summer 20__

STUDENT INFORMATION

Full Name:		School/Division:
Date of birth:	Student ID:	Phone: ()
Local address:		
City:	State:	ZIP code:
Email address:		
Signature (required):		Date:

DROP COURSES

COURSES					OFFICE USE ONLY	
DEPARTMENT NUMBER AND NAME (e.g., U07 ECON)	COURSE NUMBER	DROP DELETE	WITHDRAWAL	UNITS	DROP DELETE	WITHDRAWAL

ADD COURSES

(Note: Full courses or enrollments after the registration period require instructor's approval.)

COURSES					GRADE OPTION (Select One)			APPROVALS	TUITION AND FEES	
DEPARTMENT NUMBER AND NAME (e.g., U07 ECON)	COURSE NUMBER	SECTION NUMBER	LAB	UNITS	LETTER GRADE	PASS/FAIL	AUDIT	INSTRUCTOR'S SIGNATURE	TUITION	FEES (supplies, lab, etc.)
									\$	\$
									\$	\$
									\$	\$

UNIT OR GRADE OPTION CHANGE

COURSES			UNIT CHANGE (if applicable)		NEW GRADE OPTION (select one)			Additional Information:
DEPARTMENT NUMBER AND NAME (e.g., U07 ECON)	COURSE NUMBER	SECTION NUMBER	CURRENT UNITS	NEW UNITS	LETTER GRADE	PASS/FAIL	AUDIT	

OFFICE USE ONLY					
	Today's date	Initials		Special consideration form (SCF) required?	Date SCF received

