

Course Change Form

- University College
 Summer School

University College Registration
January Hall, Room 20 – Campus Box 1085
Washington University
One Brookings Drive
St. Louis, MO 63130-4899
Main: (314) 935-6700
FAX: (314) 935-6744

Course change requests for University College and Summer School should be brought to January Hall, Room 20, 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:

<input type="checkbox"/> DROP COURSES						
COURSES					OFFICE USE ONLY	
DEPARTMENT NUMBER AND NAME (e.g., U07 ECON)	COURSE NUMBER	DROP DELETE	WITHDRAWAL	UNITS	DROP DELETE	WITHDRAWAL

<input type="checkbox"/> 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.)	
									\$	\$	
									\$	\$	
									\$	\$	

<input type="checkbox"/> 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	