



COURSE CHANGE FORM

University College

Summer School

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 NUMBER					
ADDRESS			CITY, STATE, & ZIP								
			EMAIL ADDRESS								
SIGNATURE								DATE			
DROP COURSES											
COURSES						OFFICE USE ONLY					
DEPARTMENT NUMBER & 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			APPROVALS	TUITION AND FEES		
DEPARTMENT NUMBER & NAME (e.g. U07 ECON)	COURSE NUMBER	SECTION NUMBER	LAB	UNITS	LETTER GRADE	PASS / FAIL	AUDIT	INSTRUCTOR'S SIGNATURE	TUITION	FEES	
									\$	\$	
									\$	\$	
									\$	\$	
UNIT OR GRADE OPTION CHANGE											
COURSES			UNIT CHANGE (if applicable)		NEW GRADE OPTION (select one)			Additional Information:			
DEPARTMENT NUMBER & 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?	