UNDERWOOD
U N I V E R S I T Y

CHANGE OF COURSE REQUEST

Student's Name:_____

Student's ID: _____

Student's Degree Program: _____

Reasons for Change:

I want to change as follows:

Change of Course Request

	Registered Courses (Drop)		New Courses (Add)	
	Code #	Title	Code#	Title
1				
2				
3				
4				

**Course changes are very limited according to its availability.
Without Academic   Advisor's signature, course change form is not valid.

Student Signature :_____ Date:_____

Academic Advisor Signature:_____ Date: _____

Office Use Only

Processed by:_____

Signature:_____ Date:_____

Approved: (   )   Not Approved: (   )