COURSE CHANGE FORM

Revised Summer 2007

Please note that your request will be subject to the current term's course change and refund deadlines, as outlined in the Student Contract.

Student Name: _____ Student Number: _____

E-Mail Address: _____ Phone Number: _____

Do you have any financial aid requirements (for tuition benefits, loans, scholarships etc.) that might be impacted by this change? ☐ **Yes** ☐ **No** **If yes, please provide details:**

_____

Use this form to: (i) add, drop or change courses for which you have registered; (ii) change the credit hours or credit/audit status of a course (drop the course as it is, then add it as you would like to have it registered); or (iii) drop or exchange an audio correspondence course. To register for an audio course please use an Audio Course Registration Form.

Course #	Section	Course Title	Drop		Add	
			Credit Hrs	Audit Hrs	Credit Hrs	Audit Hrs

The fee for dropping a course is $10 for regular courses and $25 for audio correspondence courses. These are due with the submission of this form. No fee is charged for dropping a course prior to the Early Registration Deadline. There is no fee for adding a course or for changing the number of credits or the credit/audit status.

If you are adding a course before it begins, see the Student Contract for fee payment deadlines; otherwise, tuition and fees are due immediately. If by adding credit or audit hours, the total number of hours you are registered for this term (Fall & Winter terms only) rises to 4 or more, you will be liable for the Student fees (see the Student Contract for details).

To request a refund of a credit balance on your student account, please complete a Student Account Overpayment Form.

Student Signature: _____ Date: _____

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Credit Card Payment: Provide your credit card details below if you would like us to charge the $10 Course Drop fee (if applicable) plus the fees for any courses being added for which fees are due.

☐ Check here if you would like us to charge the outstanding balance on your student account. .

☐ **Visa** ☐ **MC** _____ _____

Card Number **Expiry Date**

_____ _____

Cardholder Name **Signature**

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For Office Use Only: _____Drop Fee _____ Refund