

Course Change Form

Permission is required to add or drop certain courses per the *Student Handbook*, Section IV.

Complete the appropriate section below, obtain the required signatures, and return the form to the Registrar's Office for signature. Please fill out the form on your computer or print legibly in ink.

To Add an Upper Level Course

Due to course attendance policies, the professor's signature is required in order to add a course after the first week of classes. Adding a required clinic requires signatures from the professor and the Associate Dean of Clinical Programs. The Associate Dean for Academic Affairs' signature is required for any change that will result in the student's course load being above the maximum credit hours described in *Student Handbook* Section 2.1, and for deviation from the Model Schedule described in *Student Handbook* Section 3.1. Some courses have additional registration forms.

To Drop or Withdraw from an Upper Level Course

The professor's signature is not required to drop or withdraw from a course. The Associate Dean for Academic Affairs' signature is required to drop or withdraw from a required course, clinic, independent study, externship, or turbo course; for any change that will result in the student's course load being below the minimum credit hours described in *Student Handbook* Section 2.1; and for deviation from the Model Schedule described in *Student Handbook* Section 3.1.

Name: _____ Student ID: N _____

Phone: _____ Email: _____

ADD/DROP requests are processed only **DURING** the ADD/DROP period indicated on the Academic Calendar. See Section 4.4 of the *Student Handbook: Adding and Dropping Courses and Clinics*.

Please ADD the following course(s) to my schedule				
Course Title	CRN	Section	Credits	Prof./ Assoc. Dean Signature

Please DROP the following course(s) from my schedule				
Course Title	CRN	Section	Credits	Assoc. Dean Signature

COURSE WITHDRAWALS are processed **AFTER** the ADD/DROP period indicated on the Academic Calendar. See Section 4.5 of the *Student Handbook: Withdrawals After the Add/Drop Period*.

Please WITHDRAW the following course(s) from my schedule				
Course Title	CRN	Section	Credits	Assoc. Dean Signature

REMAINING CREDITS: _____

SIGNATURES:

Student _____ Date _____

Registrar _____ Date _____

Associate Dean (if required) _____ Date _____

Official Use Only: Entered _____ by _____

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