

# VANDERBILT UNIVERSITY-CHANGE OF COURSE FORM

THE EFFECTIVE DATE OF ANY CHANGE IS THE DATE THIS FORM IS SUBMITTED TO YOUR COLLEGE OR SCHOOL REGISTRAR

STUDENT ID NUMBER \_\_\_\_\_

NAME: LAST \_\_\_\_\_

FIRST \_\_\_\_\_

MIDDLE \_\_\_\_\_

A&S

BLR

ENG

PC

DUS

DIV

GS

GSM

LAW

MED

NUR

YEAR & TERM \_\_\_\_\_

YOUR SCHOOL (CIRCLE ONE)

DROP	SUBJECT AREA	COURSE NUMBER	SECT NO.	TIME & DAYS	CREDIT HOURS	✓ IF AUDIT	INSTRUCTOR'S SIGNATURE	REGISTRAR'S USE ONLY

ADD	SUBJECT AREA	COURSE NUMBER	SECT NO.	TIME & DAYS	CREDIT HOURS	✓ IF REPEAT	✓ IF NO CREDIT	✓ IF AUDIT	INSTRUCTOR'S SIGNATURE	REGISTRAR'S USE ONLY

\_\_\_\_\_  
ADVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEAN'S SIGNATURE

\_\_\_\_\_  
DATE

CHANGE IN CLASS HOURS, IF ANY \_\_\_\_\_

ADDITIONAL TUITION \_\_\_\_\_

REFUND: \_\_\_\_\_

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE