COURSE MODIFICATION FORM

Enrollment changes must conform to college regulations as stated in catalogue.

Name _____

Student ID # _____ Term_____

Are you a graduating senior? ☐ Yes ☐ No
(The request will be processed after verification of degree plan alignment.)

Will the submitted or requested changes drop your enrollment below 12 hours? ☐ Yes ☐ No
(Financial Aid office will be notified of enrollment status changes.)

Are you an athlete? ☐ Yes ☐ No
(Changes from full-time to part-time will be sent to the Athletics division for NCAA compliance monitoring.)

	CRN #	COURSE #	SUBJECT	MODIFICATION TYPE (select one)
MODIFY				☐ Audit Course ☐ Pass/D/Fail ☐ Credit/No Credit

OFFICE USE
Received By: _____
Received Date: _____/_____/_____
Hours changed from _____ to _____
Banner Input:_____

Student Signature _____

Advisor Signature _____