

STOCKBRIDGE SCHOOL OF AGRICULTURE

_____ FALL 20 _____
 _____ SPRING 20 _____

STUDENT'S NAME _____

ID # _____

MAJOR _____

CLASS _____

DATE _____

Course Change Request

<input type="checkbox"/> ADD	<input type="checkbox"/> 'NO-RECORD' DROP	<input type="checkbox"/> 'W' DROP	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> SECTION CHANGE	<input type="checkbox"/> CREDIT CHANGE	<input type="checkbox"/> PASS/FAIL	<input type="checkbox"/> AUDIT

<input style="width: 100%;" type="text"/> SUBJECT/DEPT	<input style="width: 100%;" type="text"/> NUMBER	<input style="width: 100%;" type="text"/> DESCRIPTIVE TITLE	<input style="width: 100%;" type="text"/> UNITS
LECTURE CLASS #	<input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/>	SECTION	<input style="width: 100%;" type="text"/>
RELATED 1 (lab) CLASS #	<input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/>	SECTION	<input style="width: 100%;" type="text"/>
RELATED 2 (disc) CLASS #	<input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/> <input style="width: 25px; height: 20px;" type="text"/>	SECTION	<input style="width: 100%;" type="text"/>

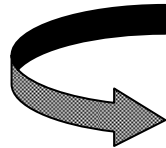
REQUIRED SIGNATURES

STUDENT _____

INSTRUCTOR _____

ADVISOR _____

STOCKBRIDGE DIRECTOR _____



RETURN TO:
 Stockbridge School Office
 115 Stockbridge Hall

