

CENTRAL METHODIST UNIVERSITY  
CHANGE OF COURSE FORM

STUDENT I.D. \_\_\_\_\_

SEMESTER \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First)

DATE: \_\_\_\_\_

COURSE AND NUMBER	SEC	HRS	M	T	W	F	ROOM
DROP:							
ADD:							

TOTAL SEMESTER HOURS AFTER CHANGE: \_\_\_\_\_

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

ADVISOR SIGNATURE: \_\_\_\_\_

\*SIGNATURE OF DEAN \_\_\_\_\_

\*SIGNATURE OF DIVISION CHAIR: \_\_\_\_\_

\*IF NECESSARY

<p><b>REGISTRAR'S STAMP</b></p>    
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**THIS FORM MUST BE RETURNED TO THE REGISTRAR'S OFFICE**