



COURSE SCHEDULE CHANGE REQUEST

Name: _____

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Phone: _____ Email: _____@pop.belmont.edu

This form is used when a student is unable to make class schedule changes through his/her MyBelmont account.

REQUIRED Information:	NO	YES	If YES, then...
I am a Student Athlete.			Athletic Academic Coordinator initial required before submitting this form. Initial:
I am a recipient of Veteran Education Benefits.			Please contact the VA Education Counselor (Registrar's Office) before submitting this form.

Reason for the Request (MUST BE COMPLETED): _____

1. **This form is required to ADD a course after the official registration period has closed.** *A signature of approval from the instructor of the requested course below is required in order for the addition to be made to a student's schedule. Any course addition requested below will not be registered without an instructor's signature of approval. Adding a course may incur additional tuition charges to the student's account.*

COURSES TO ADD TO CURRENT REGISTERED SCHEDULE:		
➤ CRN: _____	Course Subject/Number: _____	Credit hours: _____
INSTRUCTOR'S Signature: _____		
➤ CRN: _____	Course Subject/Number: _____	Credit hours: _____
INSTRUCTOR'S Signature: _____		

2. **This form can be used to WITHDRAW from a course after the official registration period has closed.** *No course can be dropped after the official Drop/Add period ends. Please note that withdrawing from a course does NOT incur a refund for the course. The student will still be charged for the course when withdrawn. Financial aid may be affected by withdrawing from a course. Please note the official course schedule change deadlines at the following website: www.belmont.edu/registrar/calendar/class-schedules.html.*

COURSES TO WITHDRAW FROM CURRENT REGISTERED SCHEDULE:		
➤ CRN: _____	Course Subject/Number: _____	Credit hours: _____
➤ CRN: _____	Course Subject/Number: _____	Credit hours: _____

I understand and acknowledge the above information regarding the course add and withdrawal procedures:

Student Signature: _____ Date: _____

Office of the Registrar: _____ Date: _____

Please return to Belmont Central in the Gabhart Student Center or via Fax: 615-460-5415 or Email: registrar@belmont.edu
Phone: 615-460-6619