

Administrative Only:

Date of Determination: _

Records and Registration Office

1111 N. Glenstone Avenue Springfield, MO 65802 Riggs, Suite 304 (417) 865-2815 FAX: (417) 865-9599 Registration@evangel.edu

SCHEDULE CHANGE FORM

Students: Please contact your advisor prior to submission

Name:				
Academic Advisor: Date of Request: Are you planning to complete your remaining registered courses for the current term? Yes No				
Are you involved in athletics? If so, wh	iichroster(s)?			
	e Online Undergraduate	Graduate	Seminary	
COURSE CHANGE INFORMATION DROP/WITHDRAWAL				
Department Course Section Cr	edit Course Title	Instructor	Title IV required info (Office Use Only)	
ADD Course Continue Co			Title IV as a vive disefe	
L Denartment L	edit Course Title	Instructor	Title IV required info (Office Use Only)	
Total credit hours BEFORE request: Total credit hours AFTER request:				
SCHEDULE CHANGE INFORMATION				
GRADES for withdrawn course: 15-wk course: W (first 9 weeks only), Withdraw Passing or Withdraw Failing (weeks 10 through 14 only). Students may not withdraw after week 14. 7-wk module course: W (first 6 weeks only). Students may not withdraw after the sixth week of class.				
REFUND PERCENTAGES for withdrawn course:	Semester-	Semester-Long Course Tuition Refund Policy		
Module Course Tuition Refund Policy Before first week of class = 100% refur	• and	• First full week of class = 100% refund		
Before second week of class = 75% re	•	 Second week of class = 75% refund Third week of class = 50% refund 		
 Before third week of class = 50% refur 	nd •	Fourth week of class = 25% refund		
 After third week of class = 0% refund 	•	 After fourth week of class = 0% refund 		
BEFORE DROPPING OR ADDING A COURSE, IT IS RECOMMENDED THAT YOU VISIT OR CONTACT THE FOLLOWING OFFICES REGARDING POTENTIAL IMPLICATIONS:				
➤ Bursar (Riggs 204) ext. 7700	>0	➤College of Online Learning Advisors (Riggs 203)		
➤ Records & Registration (Riggs 304) ext. 7203		Veteran's Center & International Students (AGTS 127) ext. 8841		
≻Financial Aid (Riggs 202) ext. 7300				
SIGNATURES				
By signing below, I acknowledge that by dropping enrollment from any course may change my eligibility status for Title IV Federal Financial Aid. If this change results in aid being returned, I will be responsible for any balance due to the university. Questions on this topic will be directed to the Office of Financial Aid.				
Student signature:		Date:		
Advisor/Program Coordinator: Date:			Date:	

____ Last Date of Participation: _