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

EVANGEL UNIVERSITY
YOUR CALLING. OUR PASSION.

SCHEDULE CHANGE FORM
Please contact your advisor prior to submission.

Name: _____ Student ID: _____

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, which roster(s)? _____

____ **Traditional Undergraduate**   ____ **Online Undergraduate**   ____ **Graduate**   ____ **Seminary**

COURSE CHANGE INFORMATION

DROP/WITHDRAWAL

Department	Course Number	Section Number	Credit Hours	Course Title	Instructor	Title IV required info (Office Use Only)

ADD

Department	Course Number	Section Number	Credit Hours	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GRADES for withdrawn course: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 course: **W** (first 6 weeks only). Students may not withdraw after the sixth week of class.

See the current year's Academic Catalog on the EU website for refund percentages.

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
- Records & Registration (Riggs 304) ext. 7203
- Financial Aid (Riggs 202) ext. 7300
- College of Online Learning Advisors (Riggs 203)
- Veteran's Center & International Students (AGTS 127) ext. 8841
- AGTS Advisors (Riggs 202)

SIGNATURES

By signing below, I acknowledge that I understand 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:** _____

Administrative Only: Date of Determination: _____   Last Date of Participation: _____