COURSE SCHEDULE CHANGE REQUEST

Name: ___________________________ BUID: B00 ___________________________
Phone: ___________________________ Email: ___________________________

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

<table>
<thead>
<tr>
<th>REQUIRED Information</th>
<th>NO</th>
<th>YES</th>
<th>If YES, then…</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am a Student Athlete.</td>
<td></td>
<td></td>
<td>Please contact your Athletic Academic Coordinator before submitting this form.</td>
</tr>
<tr>
<td>I am a recipient of Veteran Education Benefits.</td>
<td></td>
<td></td>
<td>Please contact the VA Education Counselor (Registrar’s Office) before submitting this form.</td>
</tr>
</tbody>
</table>

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 The student will still be charged for the course when withdrawn.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

Revised October 2018