

Urbana Theological Seminary
Change in Registration Form

Student Name: _____

Date: _____

Social Security #: _____

Semester and Year: _____

| Course # | Course Description | Instructor |
|----------|--------------------|------------|
| | | |

This student's grade will be recorded as follows:

- Drop Student's Registration
- Withdrawal
- Change from Credit to Audit
- Course Extension
- Withdrawal Health
- Change from Audit to Credit

Date of Completion: _____

Explanation: _____

Approval: Instructor's Signature: _____

Date: _____

Academic Dean's Signature: _____

Date: _____