



## Course Change Request Form

NAME \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_  
*Last First MI*

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Course changes must be requested prior to the start of the course, as changes may not be made in the middle of a course. Requests for changes to registration will depend on the existing academic offer.

Course requesting to change: \_\_\_\_\_

Term course is being offered (Month) \_\_\_\_\_

**REASON FOR COURSE CHANGE REQUEST: (Documentation may be requested)**

Medical/Family Medical \_\_\_\_\_ Employment \_\_\_\_\_ Military \_\_\_\_\_

Students wishing to make changes in registration must do so by sending the completed request form to the Registrar's Office using the official registrar email:

[RegistrarTampa@schiller.edu](mailto:RegistrarTampa@schiller.edu)

[RegistrarMadrid@schiller.edu](mailto:RegistrarMadrid@schiller.edu)

[RegistrarHeidelberg@schiller.edu](mailto:RegistrarHeidelberg@schiller.edu)

[RegistrarParis@schiller.edu](mailto:RegistrarParis@schiller.edu)

*I have read the and understand the Registration Change Request Policy. I understand that this is a request, and it requires approval.*

STUDENT SIGNATURE \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

**REGISTRAR'S OFFICE ONLY**

Registrar Approved/Denied: \_\_\_\_\_ Request Received Date: \_\_\_\_\_

Course requested to change \_\_\_\_\_ New Course: \_\_\_\_\_ Term: \_\_\_\_\_

Registrar's Signature and Date: \_\_\_\_\_