

\$15.00 Schedule Change Fee Required

# CLASS SCHEDULE CHANGE FORM

Check box if withdrawing from all courses

Midwestern Baptist Theological Seminary  
Registrar's Office · Phone # 816-414-3713

Term: \_\_\_\_\_  
(FA-,JAN-,SP-,SU- /Year)

Major: \_\_\_\_\_

Name: \_\_\_\_\_ Student Mailbox #: \_\_\_\_\_ Last 5 Digits of Student ID #: \_\_\_\_\_  
(Please print Last, First, Middle Initial)

Check box if receiving any financial aid and obtain required approval for drops from the Financial Aid Office: \_\_\_\_\_

**Present this form to each professor for approval. This change is effective only after this completed form is processed by the Registrar's Office.**

Circle One	Course Dept & Number	Sec/ Type	Title	Hours	Circle One	Professor's Approval after 1 <sup>st</sup> week or equivalent	For Drop: Last Date Attended	Grade (WP or WF for drops after 1st week or equivalent; <b>F after midpoint</b> )
Add Drop					Credit Audit			
Add Drop					Credit Audit			
Add Drop					Credit Audit			
Add Drop					Credit Audit			

The student is responsible to complete all degree requirements as specified in the catalog in an orderly and timely manner.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Signature (The student may sign in place of the Advisor to indicate that the student assumes full responsibility for this schedule change.)

\_\_\_\_\_  
Date

	Credit	Audit
Hours <i>Before</i> Change		
Hours <i>After</i> Change		

## FOR OFFICE USE ONLY

Received (Date/By): \_\_\_\_\_ Billed (Date/By): \_\_\_\_\_ CAMS (Date/By): \_\_\_\_\_  
White Copy – Registrar • Yellow Copy – Financial Aid • Pink Copy – Student