

COURSE SCHEDULE CHANGE FORM
 Midwestern Baptist Theological Seminary & College, SBC
 Online Education
 Registrar's Office • Phone #816-414-3713

Term & Year: _____ Name: _____
(FA-,SP-,SU- / Year) (Last, First, Middle Initial)

Last 5 digits of Student ID # _____ Email Address: _____

To submit this form: [1] If adding a course, secure permission from the Instructor by asking the Instructor to email their approval to the Registrar's office (registrar@mbts.edu) and online office (mats@mbts.edu). [2] Complete this form to add and/or drop a course [3] Save form to hard drive under a new file name using your last name-first name and date (e.g. "Smith-John 01-31-2011") [4] Send saved form as an email attachment to mats@mbts.edu.
 This change is effective only after this completed form is processed by the Registrar's Office.

Attention International Students: If you are an international student with a F1 visa, please see your advisor for approval of course changes.

Are you receiving any financial aid? Yes No

Check box if withdrawing from all courses **\$20.00 Schedule Change Fee Required**

First Course	<input type="checkbox"/> Add	<input type="checkbox"/> Drop		
Course Number _____	Section _____	Credit Hours _____		
Course Title _____	<input type="checkbox"/> Credit	<input type="checkbox"/> Audit		
OFFICE USE ONLY:				
Date of last access _____				
For course add: Professor's approval (during the first week) _____				
For course drop: Grade (WP or WF for drops through end of second week; F after second week) _____				

Second Course	<input type="checkbox"/> Add	<input type="checkbox"/> Drop		
Course Number _____	Section _____	Credit Hours _____		
Course Title _____	<input type="checkbox"/> Credit	<input type="checkbox"/> Audit		
OFFICE USE ONLY:				
Date of last access _____				
For course add: Professor's approval (during the first week) _____				
For course drop: Grade (WP or WF for drops through end of second week; F after second week) _____				

Third Course	<input type="checkbox"/> Add	<input type="checkbox"/> Drop		
Course Number _____	Section _____	Credit Hours _____		
Course Title _____	<input type="checkbox"/> Credit	<input type="checkbox"/> Audit		
OFFICE USE ONLY:				
Date of last access _____				
For course add: Professor's approval (during the first week) _____				
For course drop: Grade (WP or WF for drops through end of second week; F after second week) _____				

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

Student's Signature _____ Date: _____

Note that your course enrollment status will be changed in CAMS first. It will be a day or two before the change is reflected in Blackboard. Please allow adequate time for the change to be made.

OFFICE USE ONLY: Online Office Approved (Date/By): _____ Online Office (Last Date of Attendance): _____
 Registrar's Office Received (Date/By): _____ CAMS (Add/Drop Date): _____