Request to Change Course Credit Hours

STUDENT INFORMATION

Student ID Number: [Blank]
Last Name: [Blank]
First Name: [Blank]
VT Email: [Blank]
Cell Phone Number: [Blank]
Current Major: [Blank]

Term: [Blank]
Fall  [ ]  Spring  [ ]  Summer  [ ]  Winter  [ ]

Year: [Blank]
Academic Level: [Blank]
FR  [ ]  SO  [ ]  JR  [ ]  SR  [ ]

Reason for Making this Change: [Blank]

COURSE(S) REQUESTED TO CHANGE CREDIT HOURS

Department: [Blank]
Course Number: [Blank]
CRN: [Blank]
Course Title: [Blank]
Current Credit Hours: [Blank]  Requested Credit Hours: [Blank]

Department: [Blank]
Course Number: [Blank]
CRN: [Blank]
Course Title: [Blank]
Current Credit Hours: [Blank]  Requested Credit Hours: [Blank]

SIGNATURES OF APPROVAL

Student: [Blank]  Date: [Blank]
Instructor: [Blank]  Date: [Blank]
Advisor: [Blank]  Date: [Blank]
Associate Dean: [Blank]  Date: [Blank]
CLAHS Associate Dean of Undergraduate Academic Affairs: [Blank]  Date: [Blank]

OFFICE USE ONLY

Date Received: [Blank]  Date Processed: [Blank]
Processed By: [Blank]