



Request to Change Course Credit Hours

STUDENT INFORMATION

Student ID Number:

Last Name: First Name:

VT Email: Cell Phone Number:

Current Major:

Term:
 Fall Spring Summer Winter

Year:

Academic Level:
 FR SO JR SR

Reason for Making this Change:

COURSE(S) REQUESTED TO CHANGE CREDIT HOURS

Department:

Course Number:

CRN:

Course Title:

Current Credit Hours: Requested Credit Hours:

Department:

Course Number:

CRN:

Course Title:

Current Credit Hours: Requested Credit Hours:

SIGNATURES OF APPROVAL

Student: Date:

Instructor: Date:

Advisor: Date:

Associate Dean: Date:

CLAHS Associate Dean of Undergraduate Academic Affairs

OFFICE USE ONLY

Date Received: Date Processed:

Processed By: