



SOUTH TEXAS COLLEGE OF LAW

1303 SAN JACINTO ST., HOUSTON, TEXAS 77002

Course Add/Drop/Waiver

STUDENT INFORMATION

Student Name		Student ID Number					
		G					
Student Mailbox Number	E-mail Address	Term					
	@stcl.edu						

Written explanation on the back of this form is required if:

(Please check all that apply)

- This is a request to register add/drop a required course
 - Courses required for graduation
 - Bar related course; student on academic supervision
 - Drop an advocacy course after classes have begun
- This changes your enrollment status (If receiving Financial Aid, must have them sign off prior to schedule change.)
 - Full time Part time Overload Underload

Professor Signature _____
(REQUIRED)

F/T STUDENTS ONLY: I certify that I will not be employed for more than 20 hours per week in any week during this semester.

If approved, my enrollment will change from ___ hours to ___ hours.

Are you requesting the underload tuition rate? Yes No

If so, please provide an explanation in the space provided on page 2 of this document.

NOTE: A maximum of 25 students per academic year may receive the reduced underload tuition rate.

Submitting a request does not guarantee that you will receive the reduced rate. You will be notified whether or not your request is approved via your student mailbox.

ADD TO REGISTRATION

Course Name	CRN	Professor

DROP FROM REGISTRATION

Course Name	CRN	Professor

REQUEST EXCEPTION to ACADEMIC REGULATIONS

Course Name	CRN	Professor

Note: Accounting Services must sign off before registration if student was dropped from courses for non-payment.

Signature _____ Date _____

By way of my signature, I authorize my requests(s) as indicated above.

I understand that because of the ABA Residency Requirements, I cannot complete my degree earlier than 24 months or later than 84 months after commencing law studies.

Please mail or fax completed form to:

South Texas College of Law 1303 San Jacinto Street Houston, TX 77002 Attn: Registrar's Office Fax:(713) 646-2939 E-mail: registrar@stcl.edu

FOR OFFICE USE ONLY

Financial Aid: _____ Date: _____ Accounting Services: _____ Date: _____

Processed by: _____ Date Processed: _____

Hours BEFORE add/drop _____ Hours AFTER add/drop _____

SPACMNT Codes (circle if needed): 102 Course Waiver 109 Overload 108 Underload RRATE: Y / N

Approved Not Approved Registrar Signature: _____

Registrar Comments: _____

Course Add/Drop/Waiver Form - continued

Please provide written explanation in the space provided: