

Enrollment Services

Request for Class Schedule Change & Withdrawal Grade Assignment - SON

This form can be submitted by saving the form to your computer and then submitting the form as attachment in an email to:
ejbotell@utmb.edu - Undergraduate Programs
mabillio@utmb.edu - Graduate Programs

Student Name:

Last

First

Middle

 Effective Date:

Department: Year: Term: Student ID#: Please enter all 9 digits

ALL AREAS MUST BE COMPLETED OR THE FORM WILL BE RETURNED:

| Action Type | Subject | Catalog Number | Section Number | Class Number | Credit Hours | Instructor's Signature (If Withdrawing) | Withdrawal Grade (If Applicable) |
|-------------|---------|----------------|----------------|--------------|--------------|--|-------------------------------------|
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Comment/Justification: # of Credit Hours Before Change: # of Credit Hours After Change:

☐ By checking this box, I certify that the information provided in this form is correct and true. Typed Student Name (Acts as Document Signature)

Faculty Advisor Date Program Director Date

SECTION B

Associate Dean for Undergraduate or Graduate Programs Date

SECTION C

University Registrar Date Recorded by Date