



Course Change Request Form

NAME _____ STUDENT ID#: _____
Last First MI

PHONE: _____ EMAIL: _____

Course changes must be requested prior to the start of the course, as changes may not be made in the middle of a course. Requests for changes to registration will depend on the existing academic offer.

Course requesting to change: _____

Term course is being offered (Month) _____

REASON FOR COURSE CHANGE REQUEST: (Documentation may be requested)

Medical/Family Medical _____ Employment _____ Military _____

Students wishing to make changes in registration must do so by sending the completed request form to the Registrar's Office using the official registrar email:

RegistrarTampa@schiller.edu

RegistrarMadrid@schiller.edu

RegistrarHeidelberg@schiller.edu

RegistrarParis@schiller.edu

I have read the and understand the Registration Change Request Policy. I understand that this is a request, and it requires approval.

STUDENT SIGNATURE _____ TODAY'S DATE: _____

REGISTRAR'S OFFICE ONLY

Registrar Approved/Denied: _____ Request Received Date: _____

Course requested to change _____ New Course: _____ Term: _____

Registrar's Signature and Date: _____