The UNIVERSITY of MONTANA WESTERN

Student Class Schedule Change Form

INSTRUCTIONS: Use this form to ADD "restricted" classes or courses that are closed (classes designated: i/c=instructor consent, TEPs approval, OD/app=Outreach Division approval, closed-via enrollment-classes, etc.) or to make class schedule changes or to withdraw from college (i.e., drop all classes for the semester) **before** the start of a semester/term you indicate below (use ADD/DROP card **after** classes begin). Answer ALL questions, write legibly, sign the form; incomplete forms will be rejected. **Properly completed forms will be accepted up to the day before classes begin for the term specified below.** Students are responsible for making informed enrollment decisions and for knowledge of university policies and procedures governing registration and enrollment (review the UM-W catalog &/or web site, note important academic year dates and deadlines). Check your class schedule, look at final grades, or register on-line via: **dawgs.umwestern.edu**

Effective YEAR: _____ **Effective TERM (check one):** ___**Fall** ___**Spring** ___**Summer**

Name: _____ _____
(Name) (Student ID or SSN)

Permanent / Parents Address: _____ _____
(Street, PO Box Number) (Phone Number)

_____ _____ _____ _____
(City) (State) (ZIP Code) (County)

Mailing / Billing Address: _____ _____ _____
(Street, PO Box Number) (Phone Number)

_____ _____ _____ _____
(City) (State) (ZIP Code) (County)

May we release directory information to third parties? _____YES _____NO

Do you plan to earn a degree at UMW? ____NO ____YES - What degree(check all that apply)? ____BS ____BA ____BAS ____Associate

Major or Program of Study? _____

Complete pertinent sections below; use the back of this form if needed (be sure to note "adds" or "drops" however).

☐ **I wish to WITHDRAW from Western (i.e., drop all classes for the entire semester) (check box)**

Please DROP the following courses from my class schedule:

CRN	DEPT	CRSE #	SECTION	COURSE TITLE	CR HRS	NOTES

Please ADD the following courses to my class schedule:

CRN	DEPT	CRSE #	SECTION	COURSE TITLE	CR HRS	INSTRUCTOR/DEPT APPROVAL

CAUTION: By submitting this form (or asking a 3rd-party to submit it on your behalf) you agree to pay ALL costs associated with your enrollment (including non-refundable fees and collection charges if applicable); submit this form only if you are sure you want to enroll. The Registration Fee is non-refundable.

X_____ _____
(Student Signature) (Date)