



## Change of Level & Drop/Add Form

Full Name: _____		
_____ Last	_____ First	_____ Middle name
Term: _____		Request Date: _____
Student status:	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>
Student ID #: _____		
Student Current Level: _____		New Level if any: _____
Reason for change: _____		
_____		
Drop Course: _____	Add Course: _____	
Drop Course: _____	Add Course: _____	
Drop Course: _____	Add Course: _____	
Drop Course: _____	Add Course: _____	
Student Signature: _____	Academic Director Signature: _____	

### Office use Only

Level changed in Colleague by: _____	Date Completed: _____
Comments: _____	
_____	
_____	