

CHANGE OF ENROLLMENT FORM**ACTION ITEMS:**

1. Complete form.
2. Please save the completed form as a PDF using filename:
[Term].[COE].[Course Number].[Your first and last name]. (ex: 2021SP.COE.IDS-1400.Joe Learner)
3. Email the form to registrar@sksm.edu and cc: faculty.
The registrar will obtain the necessary signatures and make the appropriate changes to the student record.

Student Name: _____

Student Legal Name (if different): _____

Course Term/Year: _____

Advisor: _____

ADD COURSE

Name of Course: _____

Course #: _____

Grade Option: Pass/Fail Letter Grade

Faculty Signature: _____ Date: _____

DROP COURSE

Name of Course: _____

Course #: _____

Grade Option: Pass/Fail Letter Grade

I am aware a course drop will affect scholarships and federal student loans if I do not have a minimum of 6 credits.

Initial Here: _____

If less than 6 credits with the withdrawal, please check with the Student Accounts Manager, oqureshi@sksm.edu.

Faculty Signature: _____ Date: _____

OPTION CHANGE

Name of Course: _____

Course #: _____

Grade Option: Pass/Fail Letter Grade

Faculty Signature: _____ Date: _____

SIGNATURES

1. Advisor: _____ Date: _____

2. Dean of the Faculty: _____ Date: _____

3. Student Accts Mgr.: _____ Date: _____

4. Registrar: _____ Date: _____