

**John Paul II Institute  
For Studies on Marriage and Family**

**COURSE ALTERATIONS**

**Student Information:**

Student ID:		Last Name:		First Name:	
Circle Degree:	NDS MTS STL STD PHD	Circle Year in Program:	1 2 3 4 5	Direction	
Calendar Year:		Term:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	

**Course(s) to be Deleted** *(no record on transcript):*

FILL IN ONLY ONE

Number	Title	Credit Hours	Audit Hours	Professor

**Course(s) to be Added:**

FILL IN ONLY ONE

Number	Title	Credit Hours	Audit Hours	Professor

**Change from Credit to Audit:**

Number	Title	Professor	NEW STATUS	Audit Hours
			Audit	
			Audit	

**Change from Audit to Credit:**

Number	Title	Professor	NEW STATUS	Credit Hours
			Credit	
			Credit	

**Change to Withdraw** *("W" appears on transcript):*

Number	Title	Professor	NEW STATUS	Credit Hours
			Withdrawn	
			Withdrawn	

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Academic Adviser

\_\_\_\_\_  
Date

<b>Please photocopy and give copies to:</b>	<input type="checkbox"/> Student	<input type="checkbox"/> Advisor	<input type="checkbox"/> Registrar	<input type="checkbox"/> Bookkeeper
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