



EARLY COLLEGE SCHOLARS COURSE CHANGE REQUEST

Semester: Fall Spring Summer 20__

This form should be mailed to 11 N. Jackson Rd., Ste. 1000, St. Louis, MO 63105-2153, or faxed to 314-935-6744. Refunds are determined by the date received.

STUDENT INFORMATION										
FULL NAME						PREFERRED FIRST NAME				
DATE OF BIRTH				STUDENT ID			PHONE NUMBER			
DROP COURSE										
COURSES					OFFICE USE ONLY					
DEPARTMENT NUMBER (e.g. U07)	COURSE NUMBER	SECTION NUMBER	LAB	UNITS						
ADD COURSE										
(Note: Registration cannot be processed without payment. Please include check or contact our office to pay by credit card.)										
COURSES					GRADE OPTION			TUITION & FEES		OFFICE USE ONLY
DEPARTMENT NUMBER (e.g. U07)	COURSE NUMBER	SECTION NUMBER	LAB	UNITS	LETTER GRADE	PASS / FAIL	AUDIT	TUITION	FEES	
								\$	\$	
								\$	\$	
								\$	\$	
								\$	\$	
GRADE OPTION CHANGE										
COURSES					NEW GRADE OPTION			OFFICE USE ONLY		
DEPARTMENT NUMBER (e.g. U07)	COURSE NUMBER	SECTION NUMBER	LAB	UNITS	LETTER GRADE	PASS / FAIL	AUDIT			

STUDENT SIGNATURE _____

DATE _____

PARENT/LEGAL GUARDIAN SIGNATURE _____

DATE _____