BELCROFT UNIVERSITY

Waters Edge Office Center, 2963 Gulf To Bay Blvd, Suite# 120, Clearwater, FL - 33759

admissions@belcroftuniversity.com

+1 (813) 772-3772

Schedule Change Request Form

Office Of the Registrar

Students wishing to make changes to their course schedule after registration must complete this form and obtain the required approvals. Schedule changes may include adding, dropping, withdrawing from, substituting, or changing sections of a course.

Student Information

Student Name (First - Middle - Last)	
Date	_____ / _____ / _____
Belcroft Student ID	
Degree Level	☐ PhD ☐ Dental ☐ Master's
Program of Study	
Semester	☐ Fall ☐ Spring ☐ Summer
Academic Year	
Email Address	
Phone Number	

Course(s) To Be Dropped / Withdrawn

Course Number	Course Title	Credits

Course(s) To Be Added

Course Number	Course Title	Credits

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Reason For Request

Please explain the reason for the requested schedule change:

_____

_____

Student Certification

☐ I understand that schedule changes may affect my academic progress, tuition charges, financial aid eligibility, and immigration status (if applicable). I certify that the information provided on this form is accurate.

Signature of the Student _____ **Date:**_____ / ____ /_____

Academic Advisor Approval

Request is academically appropriate	☐ Yes ☐ No
Student has been advised regarding academic implications	☐ Yes ☐ No
Advisor Comments	
Academic Advisor Name	
Academic Advisor Signature	
Date	____ / ____ / _____
DSO/PDSO Name	
DSO/PDSO Signature	
Date	____ / ____ / _____

Registrar's Office Use Only

Date Received	
Request Approved Processed By	
Registrar Signature	
Date	_____ / _____ / _____

Student's Responsibility

The Registrar Office will not be responsible for errors resulting from copying numbers incorrectly. Students should obtain a printed copy of their schedule after each registration transaction.