



**KETTERING UNIVERSITY
GRADUATE PROGRAM COURSE CHANGE FORM
(WITHDRAWAL/ADD)**

The purpose of this form is to enable you to request a change in your enrollment after you have registered. Use it for any of the following specific purposes.

- To withdraw from a course, use Section A below. If you withdraw from a course prior to the start of the term, it will be deleted from your record. If you withdraw from a course once the term has started, the course will remain on your record and you will receive a grade of W. Withdrawal past 11th week is not permitted.
- To add a course, use section B below. Tuition payment must be included with the submission of this form. Textbooks may not be available for a course added after the deadline for regular registration. Courses will not be added after 5:00 p.m. Friday before on-campus courses begin.

This request will be processed according to published policies and deadlines. For policies, consult the Graduate Catalog or Student Handbook. (Available from the Graduate Office (810) 762-7953.)

For deadlines, contact the Registrar's Office (810) 762-7852 or consult the Kettering University WEB <http://www.kettering.edu/registrar/courseSelection.asp>.

- The effective date of this request is the postmarked date (or fax machine imprinted date). If the form arrives at Kettering University without a postmark, the date of receipt will be used.
- The amount of tuition refund, if any, is determined by the effective date.

You, the student, are personally responsible for completing this form properly and submitting it on time.
Follow all directions carefully. Type or print legibly in ink.

I am requesting a change of registration to a course in _____ term.

Student Name _____ Learning Center/Section # _____

Student ID # _____

Daytime Telephone # _____ E-mail address (*list only one*) _____

Section A – I wish to withdraw from the following course(s):

Symbol and Title _____

Symbol and Title _____

Have you ordered books? _____ Yes _____ No

Section B – I wish to add the following course(s):

Symbol and Title _____

Symbol and Title _____

Signature _____ Date: _____

FAX this form to 810-762-9836 or Mail to the following address:
Registrar's Office, Room 3-309 AB
Attn: Graduate Registration Desk
Kettering University, 1700 W. Third Avenue
Flint, MI 48504-4898