

# STUDENT CHANGE PERMIT

## G·I·A·L

**Note:** Course changes and refunds are time-sensitive. If you experience any delay in completing and submitting this form, contact the GIAL Registrar's Office immediately. The GIAL Catalog has information regarding changes and refunds.

### Contact Information

Name (Please print): \_\_\_\_\_  
*First*
*Middle*
*Last*

Student ID (last 5 numbers of Library #): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### STEP 1 Request to Change Course(s)

#### Add or Drop Courses

CHANGE REQUESTED	CREDIT OR AUDIT	COURSE NUMBER	COURSE TITLE
<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Credit <input type="checkbox"/> Audit*		
<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Credit <input type="checkbox"/> Audit*		
<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Credit <input type="checkbox"/> Audit*		
<input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Credit <input type="checkbox"/> Audit*		

**Change Course** \* All audit enrollments are final. No refund is given for tuition or fees of audit courses after the first day of class. A completed Audit Permission Form must accompany all registration for audit.

CHANGE REQUESTED	COURSE NUMBER	COURSE TITLE
<input type="checkbox"/> From Credit to Audit*		
<input type="checkbox"/> From Audit to Credit		

### STEP 2 Student Declarations

**Intended Plan of Study (IPS): Choose one**

- I have not submitted an Intended Plan of Study.
- These changes include no major change to my Intended Plan of Study. (See your Academic Advisor for details.)
- These changes include a major change to my Intended Plan of Study. I will submit a new Intended Plan of Study.

**Financial: Choose one (if anticipating a refund)**

- I prefer to pick up any applicable refund check from the GIAL Finance Office (Pike 112).
- Hold any applicable refund in a GIAL account for application to a future registration.
- Send any applicable refund check to this address: \_\_\_\_\_

### STEP 3 Signatures

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Advisor

\_\_\_\_\_  
Date

Approve     Deny

\_\_\_\_\_  
Dean of Academic Affairs

\_\_\_\_\_  
Date

Approve     Deny

**Registrar's Office Use Only:**  
 • IPS on file? Y/N  
 • Variation from IPS? Y/N  
 If Y/Y, notify student & advsr.  
 Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to the Registrar's Office.**