

## SCHEDULE CHANGE REQUEST FORM

REGISTRATION SERVICES

847.866.3905 | registrar@garrett.edu | 2121 Sheridan Road | Evanston, Illinois 60201 | 800.SEMINARY| www.garrett.edu

ID #:	Name:
Term & Year:	Degree Program:
Part II: Add with (Professor) Per Please complete the requested comp	rmission
Course #/Title/Professor:	
Select Grading Option: Pass/Fa	il Letter Grade Audit
Course #/Title/Professor:	
Select Grading Option: Pass/Fa	il Letter Grade Audit
Course #/Title/Professor:	
Select Grading Option: Pass/Fa	il Letter Grade Audit
Part III: Course Withdrawal Please complete the requested correquesting to withdraw from all of	urse information below. Note: This form cannot be used if you are courses in which you are currently enrolled. To request a complete f Staus Form (Student Initiated), in myGETS, Student Forms.
Title/Course #/Professor:	
Title/Course #/Professor:	
Title/Course #/Professor:	
	irming your understanding of the following regarding a course withdrawal:

When you have completed the necessary sections listed above, submit this form to <a href="student.support@garrett.edu">student.support@garrett.edu</a> for the appropriate faculty approvals and processing. You will receive initial confirmation when your request is received and final confirmation when your request is processed. To review additional information regarding schedule changes, access <a href="Academic Handbook 2024-2025">Academic Handbook 2024-2025</a>, (page 15, Adding and Changing Courses After Semester Begins).