Benedictine University

ADD Course AFTER Add/Drop Week

Please return form to the Office of the Registrar at Registrars@ben.edu from your BenU email.

PART I COURSE CHANGES

To be completed by the student

Term 20 _____ Fall _____ Winter _____ Spring _____ Summer _____

Name _____ Student ID# _____
(**Print**) Last First MI

Check here if you are a Student Athlete ☐

COURSES ADDED

CLASS #	SUBJECT	CATALOG # & SECTION	HRS.	COURSE TITLE
i.e. 1249	*LITR*	*150/A*	*3*	*Themes in Literature*

PART II Approvals/Signatures

Department Chair signature/Date	
Instructor's signature/Date	
Academic Advisor signature/Date	
Athletic Advisor (Athletes only) Signature/Date	

Students are responsible for obtaining all signatures prior to returning to Registrars@ben.edu for processing.

I ACKNOWLEDGE THAT I AM FINANCIALLY RESPONSIBLE FOR THE CHANGES IN THE EVENT OF ADDING CLASSES, WHICH MAY EXCEED THE 18 HOUR LIMIT.

_____ _____ _____
Student's Signature Date Total Hours after Change

PART III Processing

To be completed by the Office of the Registrar

_____ _____
Date Processed Processor's Signature

Revised: Registrar's Office/09-21/DKC