

Change in Class Schedule Form

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SOCIAL SECURITY NUMBER *
OR STUDENT ID # _____

DATE _____ SEMESTER, YEAR _____

FIRST NAME _____ MIDDLE INITIAL _____

STUDENT'S BIRTH DATE _____

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(PLEASE PRINT) LAST NAME _____

ADD

DEPT.	COURSE #	SECTION	BEGIN DATE	COURSE TUITION	RESIDENCY FEE* <small>(see below)</small>	COURSE FEE	TOTAL

***Residency Fee:** Charles, Calvert, and St. Mary's counties-as listed, other Maryland residents-add \$5.00 to tuition listed, out-of-state residents-add \$10.00 to tuition listed.

TOTAL _____

DROP

DEPT.	COURSE #	SECTION	BEGIN DATE

Make checks payable to:

CSM and mail with form to:
 COLLEGE OF SOUTHERN
 MARYLAND
 CONTINUING EDUCATION (REG)
 PO BOX 910
 LA PLATA MD 20646-0910

For Student Use

REASON FOR THE DROP:

Note of Explanation

ADD: Students must complete this form for any course registration that follows their initial semester enrollment. Students may add a course(s) one week prior to the first class meeting within the semester period.

DROP: Students wishing to drop a course and receive a refund must notify the Registrar's Office on this form. Please see complete details on the refund policy.

***Providing a social security number in connection with a continuing education course is voluntary, unless enrollment is pursuant to the Workforce Investment Act or as otherwise required by law.**

STUDENT SIGNATURE _____ DATE _____

APPROVED BY _____ DATE _____