SHEPHERDS
THEOLOGICAL SEMINARY

AUDIT-CREDIT STATUS CHANGE REQUEST
Please complete this form and submit it to the Registrar's office.

I.   STUDENT

Student Name   _____ Date _____

II.   STATUS CHANGE

Course Number & Title: _____

Reason for Status Change: _____
_____

A student is allowed to change from Audit to Credit Status for a course during the first week of class. The additional tuition charge will be added to their account.

_____   Date _____
Student Signature

_____   Date _____
Faculty Signature

_____   Date _____
Registrar Signature