

Change of Course Form

Complete this form and return to UWA by email <u>de@uwa.edu</u>. You will receive an email confirming the course changes.

Student UWA ID Numb	er:				
Student Name:					
High School:					
Change is for term:	[] Online Fall One	[]	Online Fall Two		
Year:	[] Online Spring One	[]	Online Spring Two	[] Online Summer	
	[] On Campus Fall	[]	On Campus Spring	[] On Campus Summer	
	Courses Selected for Re Use UWA course list to e				
DROP COURSE			ADD COURSE		
Course Name/Number:			Course Name/Number:		
Course Name/Number:			Course Name/Number:		
I have reviewed the courses selected above and have verified the correct classes for his/her schedule. School Counselor Signature			Date		
School Counselor Printed Name			School Counselor Email Address (required)		
	ses above and confirmed with my see and curriculum requirements.	school c	counselor that I am eligib	le for these courses and the	
Student Signature			Date		
	ses above and agree these courses as not obligated to refund tuition or				
Parent Signature			Date		