**Class Change/Withdraw Request Form**

Date of submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Certificate Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete all information and submit it to the Academic Affairs Office,

*studentsrecordsteam.aao@umyanmar.org*. Requests to drop a class and enroll in another course must be made prior to the last day to drop the class without penalty. Requests will be granted based on course capacity and availability. Students may request these changes based on the following reasons:

1. Academic misplacement (inappropriate course placement level for student) 2. Course required to meet minimum credit hours requirement

3. Missing course to complete certificate program

4. Change in elective course

5. Schedule conflicts

Students are expected to select classes carefully and to maintain a firm commitment to continue enrollment in their classes at the end of the semester.

***Students are required to continue to follow your current class schedule until you have received confirmation from the Academic Affairs Office.***

Your form will not be considered if you did not fill out required information. Course change request information

Academic misplacement

Drop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Add: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course required to meet minimum credit hours requirement

Drop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Add: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Missing course to complete certificate program

Drop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Add: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Change in elective course

Drop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Add: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Schedule conflicts

Drop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Add: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For Office Use Only:***

*Action Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Officer Name:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_