Saint Mary
Seminary

SAINT MARY SEMINARY AND GRADUATE SCHOOL OF THEOLOGY

DROP/ADD/CREDIT/AUDIT FORM

Date: _____ **Semester:** _____

Name: _____ **Phone:** _____

I want to **DROP** the following course:

- Course No. _____
- Course Title _____
- Credit Hours _____

I want to **ADD** the following course:

- Course No. _____
- Course Title _____
- Credit Hours _____

I want to **CHANGE** my participation in the following course:

- Course No. _____
- Course Title _____
- Credit Hours _____

____ From Credit to Audit

____ From Audit to Credit

I realize that the time frame for changes, refunds, and financial responsibility for this course remain in effect as indicated in the St. Mary Seminary catalog and on the calendar.

I will also take the responsibility to contact my professor and inform him/her of this decision.

Signature: _____