



University	
Jesuit School of Theology	Student's Name:
	ID Number:
ADD.	Course Number & Title:  Units: Grade Option (check one): □Letter □Pass/Fail □Audit
	Faculty Signature Date
<u>DROP</u>	Course Number & Title:
	I have emailed and notified my professor  Initial here
OPTION CHANCE	
<u>CHANGE</u>	Course Number & Title:
	Units: Grade Option (check one): □Letter □Pass/Fail □Audit
	Faculty Signature Date
SIGNATURES & DATES (as required)	
Student Signa	ature Associate Dean
Advisor	
11UV15UI	