Santa Clara
Jesuit School of Theology

Change of Enrollment

Student Name: _____ ID Number: _____

All changes of enrollment are due by the end of the fourth week of the academic term. No changes are accepted after this date.

Add Course

Course Number & Title: _____

Units:_____

Grading Basis (Check one): Letter Pass/No Pass Audit

_____ _____

Instructor Signature Date

Drop Course

Course Number & Title: _____

I have notified the instructor of my decision to drop this course. _____

Initials

Grading Basis Change: Audit

Course Number & Title: _____

Instructor: _____

Units:_____

Grading Basis (Check one): Letter Audit

_____ _____

Instructor Signature Date

Grading Basis Change: Pass/No Pass

Course Number & Title: _____

Units:_____

Grading Basis (Check one): Letter Pass/No Pass

Signatures & Dates

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Associate Dean Signature: _____ Date: _____

Please return completed form to the JST Academic Office