

METHODIST THEOLOGICAL SCHOOL

IN OHIO

REQUEST TO ADD OR DROP COURSES

_____ requests the following schedule changes for _____ term, 20____.

Student Name Fall, January, Spring, Summer

ADD: Course No./Title _____

ADD: Course No./Title _____

ADD: Course No./Title _____

ADD: Course No./Title _____



DROP: Course No./Title _____

DROP: Course No./Title _____

DROP: Course No./Title _____

DROP: Course No./Title _____

PLEASE NOTE: TWO SIGNATURES REQUIRED (Student and Advisor)

STUDENTS: Your signature constitutes acknowledgement of the Institutional Refund Policy listed below.

Student Signature

Faculty Advisor's Signature

Institutional Refund Policy

For Fall and Spring Semesters -- weekly or bi-weekly courses

Before start of classes, or by the end of Week One	100%
By the end of Week Two	75%
By the end of Week Three	50%
By the end of Week Five	25%
After Week Five	0%

For Fall and Spring Semester Weekend Classes

Before start of classes, or by the end of Week Three	100%
By the end of Week Five	25%
After Week Five	0%

For J-Term and Summer Term 3-week Intensive Session courses

Before start of classes, or by the 8th class day of the term	100%
After the 8th class day of the term	0%

PLEASE NOTE: Schedule change requests are considered to be in effect ONLY when this signed form is on file in the Office of the Registrar. The date this completed form is received will be the basis for determining when a schedule change request is effective.

OFFICE USE ONLY BELOW THIS LINE

Received by: _____ Date received: _____

Registrar's Office
Revised 4-10-07