



Harvard University Extension School

Division of Continuing Education

Registrar's Office, 51 Brattle Street, Cambridge, Massachusetts 02138-3722 • Fax: (617) 496-4181

Course Change and Withdrawal Form

Term
<input type="checkbox"/> Fall <input type="checkbox"/> Spring

DCE ID number (if known)
@ [] [] [] [] [] [] [] [] [] []

(see www.extension.harvard.edu/login if unsure)

For any changes that result in additional charges, submit Payment Form and full payment.

Legal name (as it appears on your passport)		
Last (family name)	First	Middle

Current mailing address			
<input type="checkbox"/> Check here if new address	Street and number		
	City	State/Province	Zip/Postal code
Country (if other than US)	Local daytime phone number (including area/country code)		

E-mail address <input type="checkbox"/> Check here if new e-mail address

General Instructions

Print all information requested and sign and date the bottom of the form. Indicate below the type of change(s) you wish to make:

- I wish to make one or more course or credit status changes.
- I wish to withdraw from all my courses.

Degree, certificate, and diploma candidates with an I-20 from Harvard Extension School
You must deliver this form in person to the Registrar's Office for processing, after obtaining approval from your program office.
Program office _____
Change approved by _____ Date _____
Signature

Course Change and Withdrawal Instructions

Write ADD, DROP or CREDIT STATUS CHANGE in TYPE OF CHANGE column. Copy information for each course exactly as it appears on your confirmation or in the catalogue/website course description. If you are changing credit status, write the code (NC, UN, GR) for the status to which you are changing.

Type of change (see above)	5-digit course no.					Subject	Subject number	Course title and section number, if applicable	Credit status (NC, UN, GR)	Balance
ADD	1	2	0	7	9	ENGL	E-71	Major American Writers (example)	UN	\$
							E-			\$
							E-			\$
							E-			\$
							E-			\$
Payment or refund due										\$

I certify that all of the above information is true and complete to the best of my knowledge.
Signature _____ Date _____

For office use only
Staff _____ Date _____
Staff _____ Date _____

Continued on next page.

Payment Form

This form must be submitted with the Course Change and Withdrawal Form before your course change or withdrawal can be processed.

Please clearly print all information

DCE ID number (if known)	Date of birth (example: JUN 09 1990)
@ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<small>(see www.extension.harvard.edu/login if unsure)</small>	<small>Month (mm) Day (dd) Year (yyyy)</small>

Legal name (as it appears on your passport)		
Last (family name)	First	Middle

Present address (number, street, and apartment number)			
Street			
City		State/Province	Zip/Postal code
Country (if not US)	Telephone number (including area/country code)	Cell phone number (including area/country code)	
E-mail address (Please provide only one e-mail address.)			

Payment type (check one):

- Cash Check* Money order* Credit card (see below)

* Please make checks payable to Harvard University.

Payment by Credit Card

Authorization Please be sure to check the authorization box and enter the amount to be charged.

I authorize Harvard University to charge my credit card in the amount of \$_____.

Card Visa MasterCard American Express Discover

Card number	Expiration date (example: JUN 2011)	Security code [†]
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<small>Month (mm) Year (yyyy)</small>	

Cardholder's signature

Cardholder's name (please print)

Cardholder's billing address		
Street		
City	State/Province	Zip/Postal code
Country (if not US)	Cardholder's telephone number	

[†] The credit card security code is found either on the back of the card, as the last three digits at the end of the credit card number printed on the signature strip, or as a four digit code found above and to the right of the credit card number.

I certify that all of the above information is true and complete to the best of my knowledge.	
Signature _____	Date _____