Course Change and Withdrawal Form

For any changes that result in additional charges, include Payment Form and full payment. Course changes received without sufficient payment will not be processed.

TERM DCE ID NUMBER (if known) OR HARVARD ID NUMBER (if known) DATE OF BIRTH example: MM DD YYYY

FULL LEGAL NAME (exactly as printed on your government-issued ID)

CURRENT MAILING ADDRESS

E-MAIL ADDRESS (Must be student’s personal and unique 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.

Course Change and Withdrawal Instructions

Refer to specific course descriptions for registration deadlines, because some courses do not follow the full academic calendar.

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

<table>
<thead>
<tr>
<th>Type of change</th>
<th>5-digit course no.</th>
<th>Subject</th>
<th>Subject number</th>
<th>Course title and section number, if applicable</th>
<th>Credit status (NC, UN, GR)</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADD</td>
<td>1 2 7 1 3</td>
<td>ENGL</td>
<td>E-102</td>
<td>Introduction to Old English Literature (example)</td>
<td>UN</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Payment or refund due $ 

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

Signature _______________________________ Date _______________

Digital signatures are not accepted. Document must be signed with a real signature.

For office use only

Staff ______ Date ______
Staff ______ Date ______

Continued on next page.
Payment Form

This form must be completed and submitted with the Course Change and Withdrawal Form only if your course change results in additional charges. Course changes received without sufficient payment will not be processed.

Please clearly print all information

<table>
<thead>
<tr>
<th>DCE ID NUMBER (if known)</th>
<th>DATE OF BIRTH example: 01/01/1994</th>
</tr>
</thead>
<tbody>
<tr>
<td>@</td>
<td>Month (MMM) Day (DD) Year (YYYY)</td>
</tr>
</tbody>
</table>

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

LEGAL NAME (exactly as printed on your government-issued ID)

Last/Family/Sur name(s)  First/Given name(s)  Middle name(s)

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):

❑ Personal check*  ❑ Investment/Trust fund check*  ❑ Third-party check*  ❑ Bank check/Money order*  ❑ Credit card (see below)

* Please make checks payable to Harvard University. Include your name and date of birth on your check.

Payment by Credit Card

AUTHORIZATION You must 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  CARD NUMBER  EXPIRATION DATE example: 01/17

Visa  MasterCard  American Express  Discover

SECURITY CODE†

† The credit card security code is found either on the back of the card, as the last three digits printed on the signature strip, or, for American Express, as a four-digit code found on the front of the card, above and to the right of the credit card number.

CARDHOLDER’S NAME (please print)  CARDHOLDER’S SIGNATURE

CARDHOLDER’S BILLING ADDRESS

Street  City  State/Province  Zip/Postal code

Country (if not US)  Cardholder’s telephone number (including area/country code)

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

Signature ______________________  Date ________________

Digital signatures are not accepted. Document must be signed with a real signature. If under 18 years of age, parent or guardian also must sign.