



HARVARD EXTENSION SCHOOL

Division of Continuing Education

Student Financial Services Office, 51 Brattle Street, Cambridge, Massachusetts 02138-3722 • Fax: (617) 495-2921

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 <input type="checkbox"/> Fall <input type="checkbox"/> Spring | DCE ID NUMBER (if known) @ | HARVARD ID NUMBER (if known) | DATE OF BIRTH example: JAN 01 1994 Month (MMM) Day (DD) Year (YYYY) |
|--|--------------------------------------|-------------------------------------|---|

| | | |
|--|---------------------|----------------|
| FULL LEGAL NAME (exactly as printed on your government-issued ID) | | |
| Last/Family/Sur name(s) | First/Given name(s) | Middle name(s) |

| | | | |
|--|-------------------|--|-----------------|
| 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 (Must be student's personal and unique 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.

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.

| 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 | 7 | 1 | 3 | ENGL | E-102 | Introduction to Old English Literature <i>(example)</i> | 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 _____ |
| <small>Digital signatures are not accepted. Document must be signed with a real signature.</small> | |

| | |
|----------------------------|------------|
| 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

| | | | | |
|---|--|--|----------------|---|
| DCE ID NUMBER (if known) | | DATE OF BIRTH example: JAN 01 1994 | | |
| @ | | | | |
| (see www.extension.harvard.edu/login if unsure) | | Month (MMM) | Day(DD) | Year (YYYY) |
| 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. | | |
| <input type="checkbox"/> I authorize Harvard University to charge my credit card in the amount of \$ _____. | | |
| CARD <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover | CARD NUMBER _____ | EXPIRATION DATE example: JAN 2017 _____ Month (MMM) Year (YYYY) |
| | 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.