



The University of the District of Columbia  
**David A. Clarke School of Law**  
*Learning Law in the Spirit of Public Interest*

Office of the Registrar  
 4200 Connecticut Avenue NW  
 Building 38, 2nd Floor  
 Washington, D.C. 20008  
 202-274-7348  
 www.law.udc.edu

## Course Change Form

### To Add an Upper Level Course

You must complete the appropriate section below, obtain the Professor's signature, pay the fee, and return the form to the Registrar's Office for signature. **Your total number of credits may not be less than 10 nor more than 17. The professor's signature is required in order to add a course after the first week of classes.**

### To Drop an Upper Level Course

Follow the above procedure. **It is not necessary to obtain a Professor's signature for dropping. You may not drop required courses and clinics without the permission of the Academic Dean.\***

Please fill out on your computer before printing or print legibly in ink after printing.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**ADD/DROP** requests are processed only **DURING** the ADD/DROP period indicated on the Academic Calendar. See Section 3.7 of the *Student Handbook: Adding and Dropping Courses and Clinics*.

Please <b>ADD</b> the following course(s) to my schedule			
Course Title	Credits	Prof. Signature (if required)	Fee
			\$10.00
			\$10.00

Please <b>DROP</b> the following course(s) from my schedule			
Course Title	Credits	Prof. Signature (if required)	Fee
			\$10.00
			\$10.00

**COURSE WITHDRAWALS** are processed **AFTER** the ADD/DROP period indicated on the Academic Calendar. See Section 3.8 of the *Student Handbook: Withdrawals After the Add/Drop Period*.

Please <b>WITHDRAW</b> me from the following course(s)			
Course Title	Credits	Prof. Signature (if required)	Fee
			\$5.00
			\$5.00

Remaining Credits: \_\_\_\_\_

Total Payment Due: \_\_\_\_\_

[ ] CHECK OR M.O. ATTACHED, payable to UDC. (Cash is not accepted.)

**SIGNATURES:** Student \_\_\_\_\_ Date \_\_\_\_\_

Registrar \_\_\_\_\_ Date \_\_\_\_\_

Assoc. Dean (if required) \_\_\_\_\_ Date \_\_\_\_\_

**\*NOTE:** Written permission of the Associate Dean of Education is required for withdrawal from any of the following:  
 (a) Required Courses, (b) Clinics, (c) Limited Enrollment Courses, (d) Internships, (e) Any course/clinic where withdrawal will result in the student's active course load being below 10 credits.