



ASSEMBLIES of GOD
THEOLOGICAL SEMINARY
at Evangel University

Registrar's Office
1435 N. Glenstone Ave.
Springfield, MO 65802
Phone (417) 268-1025, Fax (417) 268-1030
records@agts.edu

Drop/Add Class Form

Your signature and your advisor's signature are required. Thank you.

Note: There is a \$6.00 fee for every class drop and every class add.

Full Name _____ Fee \$ _____ Date _____

Student Number _____ Semester _____

COURSE(S) TO BE DROPPED:

Course Letters	Course Number	Sect	Course Title	Course Credit Hours	Instructor

COURSES TO BE ADDED:

Course Letters	Course Number	Sect	Course Title	Course Credit Hours	Instructor

Total hours BEFORE change _____ Total hours AFTER change _____

Student's Signature _____

APPROVED:

1) Advisor's Signature _____

REFUNDS ARE BASED ON THE DATE THE STUDENT RETURNS THIS FORM TO THE REGISTRAR'S OFFICE. REFUND POLICY OUTLINED IN CURRENT YEAR'S CATALOG.

2) Business Office Signature _____

3) Financial Aid/Veterans Affairs (if appl.) Signature _____

AUTHORIZATION TO CHANGE SCHEDULE IS NOT APPROVAL FOR EXCEPTION TO DEGREE PROGRAM REQUIREMENTS.

4) Registrar's Signature _____

NOTE: No change may be implemented if form is not returned by student within the drop/add period. If dropping all classes, additional signatures may be required.

OFFICE USE ONLY:

Date entered: _____ Entered by: _____ Degree Code: _____

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