RICHARD BLAND COLLEGE **CREDIT CHANGE**

CREDIT TO AUDIT ____________
(Action available through Penalty Drop Date)

AUDIT TO CREDIT __________
(Action Available through First Week of Classes)

<u>PRINT</u> Name ____ Semester _________ 20 ____
(Last) (First) (M. I.)

Student "R" Number (*or last 4 digits of SSN*) ____

____
Course Name Number Section CRN Number

Are you a Financial Aid or Veteran's Benefits recipient? YES ___ NO ___
If you answered Yes, you must obtain the signature of a Financial Aid Representative.

________________________________ ________________________________
Financial Aid Representative's Signature **Student's Signature**

%%

Procedure completed ____ ___________________
Registrar's Certification **Date**

Copies: Registrar, Instructor, Student

C R E D I T C H A N G E

Revised: 1/24/2008