

LEARNING TEAM COHORT SCHEDULE CHANGE FORM

This form is intended for schedule changes only. For requesting a Program Withdrawal or a Leave of Absence, please contact your advisor directly.

AABA/BAM	bstrong@ben.edu
AABA/BAM - First Responders	snunes@ben.edu
MBA	syoon@ben.edu
MEd	wmiller@ben.edu
EdD	bdshore@ben.edu

Instructions: To ensure processing will not be delayed, please complete ALL sections below. You may save the file to your computer as an attachment and then email it to your advisor through your Benedictine email account (preferred method).

Your Cohort/ Location/Group Number:

Student Name: Last: _____ First: _____ Middle Initial: _____
 Student ID#: _____
 Home Telephone Number: _____ Work Telephone Number: _____
 Street Address: _____ Apt. /Unit Number: _____
 City: _____ State: _____ Zip Code: _____

You must acknowledge and initial each of the following policies before your request will be processed.

Students withdrawing from a course prior to the first class meeting will receive a “full” drop (no record of enrollment). Students withdrawing from a course after the first night of class will receive a grade of "W" on their transcript and grade report. Withdrawals are not permitted after 80% of the class has met. _____ **(initial)**

Please be advised that your billing may change. Contact the Accounting office at (630) 829-2277 for details. Financial aid is based on your established enrollment in the academic calendar. Withdrawing from a course may adversely affect your financial aid. Consult with Financial Aid at (630) 829-6100 prior to making changes in your academic schedule. You may need to complete a Leave of Absence form prior to submitting any withdrawal requests. _____ **(initial)**

ADD	Course #	Course Title	New Cohort #	Location	Course Dates
Add					
Add					
Add					

DROP	Course #	Course Title	Cohort #	Location	Course Dates	Last Date of Attendance
Drop						
Drop						
Drop						

Fully completed requests for course adds and drops will be effective on the date received. Add forms must be received a minimum of eight (8) days prior to the start of class. Forms received after this cut off time frame will be denied. Processing may require 8 to 10 school days. Students are responsible for checking their schedules through MyBenU for registration confirmation.

Student’s electronic signature: _____

Date: _____

(For Office Use Only)

Approved by: _____

Date: _____

Date Change is Effective: _____

Notes: