



# STARR KING

SCHOOL FOR THE MINISTRY

## CHANGE OF ENROLLMENT FORM

**Student Legal Name:** \_\_\_\_\_

Student Preferred Name (if used): \_\_\_\_\_

Student ID #: \_\_\_\_\_

Course Term: \_\_\_\_\_ Year: \_\_\_\_\_

Advisor: \_\_\_\_\_

Check **one** of the following three options and fill out **complete** information for the corresponding section.

**ADD COURSE:**

Course# \_\_\_\_\_

Sect # \_\_\_\_\_

Name of Course \_\_\_\_\_

Units \_\_\_\_\_

Grade Option: Letter Grade  Pass/Fail  Audit

Faculty's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DROP COURSE:**

Course# \_\_\_\_\_

Sect # \_\_\_\_\_

Name of Course \_\_\_\_\_

Units \_\_\_\_\_

Faculty's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OPTION CHANGE:**

Course# \_\_\_\_\_

Sect # \_\_\_\_\_

Name of Course \_\_\_\_\_

Units \_\_\_\_\_

Grade Option: Letter Grade  Pass/Fail  Audit

Faculty's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **SIGNATURES AND DATES**

1. Advisor: \_\_\_\_\_ Date: \_\_\_\_\_
2. Dean of Faculty: \_\_\_\_\_ Date: \_\_\_\_\_
3. Student Accts Mgr: \_\_\_\_\_ Date: \_\_\_\_\_
4. Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

Students must save the completed form as a PDF with the name as Term.ChangeofEnrollment.Your first and last name. Then, email the form to registrar@sksm.edu, and Cc your faculty. The office of the registrar will obtain the necessary signatures after the completed PDF form is received.