DALLAS INTERNATIONAL UNIVERSITY

STUDENT CHANGE PERMIT

Course changes are time sensitive. See the DIU website or Catalog for more information regarding changes and refunds. ***DROPPING CREDITS MAY RESULT IN LOSS OF ELIGIBILITY FOR FINANCIAL AID. IF APPLICABLE, YOU WILL BE LIABLE FOR TUITION PREVIOUSLY COVERED BY SCHOLARSHIPS.***

Name: _____ _____ _____
First *Middle* *Last*

Phone: _____ Email: _____

STEP 1 Request to Change Course(s)

Classes dropped after the 5th term day (Fall, Spring, or Year term), or the 4th term day (Summer or May-EX term), will remain on the transcript as a withdrawal.

***** For changes from credit to audit, use the *AUDIT PERMISSION FORM*. *****

CHANGE REQUESTED	COURSE NUMBER	COURSE TITLE	INSTRUCTOR'S SIGNATURE (*if course has begun*)
◯ Add ◯ Drop/Withdraw			
◯ Add ◯ Drop/Withdraw			
◯ Add ◯ Drop/Withdraw			
◯ Add ◯ Drop/Withdraw			

STEP 2 Student Declarations

Intended Plan of Study (IPS): Choose one

◯ I have not submitted an Intended Plan of Study.
◯ These changes include no major change to my Intended Plan of Study. (See your Academic Advisor for details.)
◯ These changes include a major change to my Intended Plan of Study. I will submit a new Intended Plan of Study.

Financial: Choose one (if anticipating a refund)

◯ I prefer to pick up any applicable refund check from the Dallas Int'l University Finance Office (Pike 112).
◯ Hold any applicable refund in a Dallas Int'l University account for application to a future registration.
◯ Send any applicable refund check to this address: _____

STEP 3 Signatures

_____ _____
Student Date

_____ _____ ◯ Approve ◯ Deny
Int'l Student Coordinator (Only for F-1 Visa holder students) Date

_____ _____ ◯ Approve ◯ Deny
Academic Advisor Date

_____ _____ FA Adjustment Needed
Financial Aid Officer (if applicable) Date ◯ Yes ◯ No ◯ N/A

Registrar's Office Use Only:
- IPS on file? ◯ Y ◯ N
- Cooperative program student? ◯ Y ◯ N
  If yes, notify cooperative program institution of changes/withdrawals.
- VA student? ◯ Y ◯ N
  If yes, notify the VA Officer.

Initials: ____ Date: _____

Return this form to the Registrar's Office.