Andrews University

MASTER'S PROGRAM COURSE UPDATE

Name: ' . ID:

School: : Department:
Degree: Concentration/Emphasis:
Anticipated Graduation Date: Bulletin:

COURSE TO BE UPDATED

Number Course Title Credits Grade Quarter Taken

METHOD TO BE USED .

• Examination • Reading Project • Special Project • Interview • Other

Description of updating requirements, books to be read, etc.

UPDATING FEE AND PAYMENT SCHEDULE

x = Payment Schedule:
Rate Credit Hours Total Fall Winter Spring Summer

I request to update the above course according to the terms described. I agree to have the nonrefundable updating fee charged to my account.

Student Date

I have agreed to work with the above named student to update his/her course work.

Teacher's Signature Date Department

Department Chair/Program Director Date School Dean/Graduate Program Coordinator Date

Graduate Dean Date '.

The student has satisfactorily completed the requirements for updating this course.

Teacher Date