

CHARLESTON
S C H O O L O F L A W

OFFICE OF THE REGISTRAR
SCHEDULE CHANGE PETITION
(PLEASE PRINT)

Name (Last): _____ (First): _____

Law Class Level: 1L 2L 3L 4L LLM Date: _____

Circle and complete number 1 or 2 below as applicable to your request and then complete 3, 4 and 5.

1. Full-time Student: The standard course load for full-time students is 13-17 credit hours per fall or spring semester; for summer standard session for spring admit students, the standard course load is 12 credit hours.

2. Part-time Student: The standard course load for part-time students is 8-12 credit hours per fall or spring semester; for summer standard session for spring admit students, the standard course load is 9 credit hours.

3. Explain in DETAIL the reason you are requesting to change your schedule.

4. List the courses you would like to change from your schedule:

Semester: FALL SPRING MAYMESTER SUMMER YEAR: _____

Course #	Section	Credit Hours	Course Title	Check Appropriate Box
				<input type="checkbox"/> Add Course <input type="checkbox"/> Drop Course
				<input type="checkbox"/> Add Course <input type="checkbox"/> Drop Course
				<input type="checkbox"/> Add Course <input type="checkbox"/> Drop Course
				<input type="checkbox"/> Add Course <input type="checkbox"/> Drop Course
				<input type="checkbox"/> Add Course <input type="checkbox"/> Drop Course
				<input type="checkbox"/> Add Course <input type="checkbox"/> Drop Course

5. It is your responsibility to make sure the change(s) you are making to your course schedule will not hinder your ability to complete degree requirements for graduation. You are also advised to review the Catalog for the Charleston School of Law's regulations and policies to see how the above schedule changes will affect you both academically and financially. Sign below and return completed request to the Office of the Registrar.

STUDENT SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY: _____ APPROVED _____ DENIED _____ DEFERRED _____