

CrossRoads Bible Institute

Change Form

_____ Fall _____ Spring _____ Summer
_____ Year

Name: _____

Address: _____

Phone: _____

E-mail: _____

City

State

Zip

Course Number and Name _____

Instructor _____

Change from audit to credit _____

Change from credit to audit _____

Withdraw from the class _____

Switch area of concentration to _____

Signature of Student: _____

Date: _____

