

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
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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

Rate	X	Credit Hours	Total	Payment Schedule:	Fall	Winter	Spring	Summer
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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