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