Course Adjustment Form Questrom School of Business - Graduate

Student's Signature: _____



Last Name:			First Name:		
BU ID:		Date:	Email:		
Semester:		Year:	College of Registration: ☐ QST ☐ Humphrey Fellows☐ Other:		
The Graduate Academic & Career Development Center must receive this form within 4 business days of Instructor's Signature.					
ADD a course: Please use this form for those classes requiring instructor's permission and those that you are unable to register for on WebReg.					
Course Department:	Number:	Section:	Credits:	Instructor's Signature:	Date:
Course Department:	Number:	Section:	Credits:	Instructor's Signature:	Date:
Course Department:	Number:	Section:	Credits:	Instructor's Signature:	Date:
Course Department:	Number:	Section:	Credits:	Instructor's Signature:	Date:
DROP a course: Classes may be dropped using WebReg until the final day to drop with a 'W'. Please be aware that dropped					
Course Department:	Number:	Section:	Schedule for further information. If you wish to drop all of your courses (down to zero credits) you cannot		
Course Department:	Number:	Section:			
SECTION Change:					
Course Department:	Number:	From Section:	To Section:	Instructor's Signature:	Date:
Grade/Audit Change: Change to AUDIT					
Course Department:	Number:	Section:	☐ Change to GRADE	Instructor's Signature:	Date:
I am aware that the above actions may affect my academic record, my financial charges, financial aid and scholarships.					
				This form must be signed and o	lated. Graduate Questrom courses changes can

Date:

617-353-9498.

Always check the Student Link to verify your schedule.

only be processed by the Graduate Academic & Career Development Center, 595

Commonwealth Ave, Ste 115, Boston, MA 02215. Phone: 617-353-2673 Fax: