

Printed Name _____

Augustana ID# _____

ONLY COMPLETE THE SECTIONS PERTAINING TO THE CURRENT REQUEST

Please *check the box* for the process requested, complete the requested section, initial the section completed, sign and date the back of the form, and send the completed form to the **APEP office** with a member of the APEP staff.

Enrollment Changes

initial here: _____

☐	Add a course <i>[route to Registrar's Office]</i>	Term: _____	Course _____	
			Course _____	
			Course _____	
☐	Drop a course <i>[route to Registrar's Office]</i>	Term: _____	Course _____	LDA: _____ <i>(last date of attendance)</i>
			Course _____	LDA: _____
			Course _____	LDA: _____
☐	Withdraw from term <i>[route to Dean of Students Office]</i>	Term: _____		LDA: _____ <i>(last date of attendance)</i>
	Rationale: _____			
	Individual completing this form: _____			

☐	Transcript Request <i>[route to Registrar's Office]</i>	<i>student may request up to 5 free transcripts</i>	initial here: _____
	Send an official transcript to: _____		
	Institution or Organization: _____		
	Purpose: _____		
	Email or address of recipient: _____		

☐	Major/Minor Changes (circle) <i>[route to Registrar's Office]</i>	initial here: _____
	Add or Drop this major: AMST COMM	
	Add or Drop this minor: AMST COMM RELG PSYC	
		<i>(only if minor available)</i>
	Advisor for this new program: _____	

☐	Honor Pledge	initial here: _____
I confirm that I have read and understand the Augustana Honor Code and by signing below I acknowledge that it is my responsibility to uphold its principles. In addition, at the discretion of the Professor the following pledge shall be discussed and accompany all academic work, "in compliance with the Augustana Honor Code, I have neither given nor received unauthorized aid on this piece of work."		
<i>[route to Registrar's Office]</i>		

☐

Privacy Waiver

initial here: _____

[route to Registrar's Office]

Please release my education records as noted below in order for **Augustana college officials** to discuss my education records in detail with the following individuals listed below. If information is to be shared by fax, phone or email the following must be provided for each: (list persons, organizations, companies, or family members with whom these records may be shared.)

First and Last Name

Email Address

Records that may be Released*

IDOC/EMCC EFA

Grades, transcripts, schedules.

*List specific records/information for release. If no record or "all" records are listed here, the student should assume that can include all education records, but is not limited to: academic records and transcripts; behavioral records; financial aid, tuition and billing information; correspondence to/from the student; and/or personal notes on the student

Graduation and Commencement

initial here: _____

[route to Registrar's Office]

Students are eligible to apply after earning 91 credits

☐

Apply to Graduate

Name to Print on Diploma: _____

Term when all degree requirements will be complete: _____

I will participate in the annual APEP Commencement Ceremony in May: YES NO

height _____ weight _____ (for cap & gown orders)

☐

Diploma Release

Please send my diploma to: _____

Address: _____ City/ST/Zip _____

☐

Substitution or Waiver Request

initial here: _____

[route to Advisor to submit online AS&D request]

Major/Minor Substitution or Degree Requirement

Request and rationale: _____

Supported by _____ date _____

☐

Other request: _____

initial here: _____

All forms require a written signature and will not be processed if this is missing.

By signing this form I give consent for Augustana College to process the requested services noted above.

Signature

Date

laf 7.1.26