

## APPLICATION FOR READING COURSE NOT LISTED IN SUMMER SCHEDULE

Name \_\_\_\_\_ ID # \_\_\_\_\_  
Last First

(Circle one) FR SO JR SR GR Major \_\_\_\_\_ Advisor's Name \_\_\_\_\_

Home address \_\_\_\_\_  
Street City State Zip

Summer address \_\_\_\_\_ Cell # \_\_\_\_\_

Caption	Course #	Credit hours	Course Title	Start date	End date

### A 2.5 CUMULATIVE GPA OR HIGHER IS REQUIRED FOR READING COURSES

**My current cumulative GPA is \_\_\_\_\_.**

### Course Withdrawal

All summer school withdrawals must be made by sending an e-mail to Dr. Jaye L. Rogers, the Director of Summer School, at [jlrogers2@anderson.edu](mailto:jlrogers2@anderson.edu). The official date of withdrawal will be the date the contact is made with Dr. Rogers. In order to obtain a full refund for course(s) dropped, contact must be made prior to the start date. Students withdrawing after the start date of the course may be entitled to a partial tuition refund depending on the date of official withdrawal. Students affiliated with the Department of Adult Studies must contact that office if they want to withdraw from a course.

AGREEMENT BY STUDENT: I have received a copy of the financial aid application from my financial services counselor and a copy of the syllabus from the instructor.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**AGREEMENT BY INSTRUCTOR: A copy of the syllabus has been provided to the student. A copy is also attached to this syllabus or has been sent electronically to the Director of Summer School.**

INSTRUCTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT CHAIR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DIRECTOR OF SUMMER SCHOOL'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Located in Decker 366)