



**University of Massachusetts Lowell**

Enrollment Services/ Continuing Studies and Corporate Education  
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**Course Adjustment Form**

**Course Change:**  Add/Drop  Refund  Waiver  Financial Aid

**Note to Student:** This form must be submitted to the above address.

Student should check "✓" mark appropriate boxes:

**Term & Year:**  Fall \_\_\_\_\_  Winter \_\_\_\_\_  Spring \_\_\_\_\_  Summer I \_\_\_\_\_  Summer II \_\_\_\_\_  
Intercession

Student ID Number: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ] Date Submitted: [ ][ ] - [ ][ ] - [ ][ ][ ][ ]  
M M D D Y Y Y Y

Last Name: [ ] M.I.: [ ] First Name: [ ]

Phone #: [ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ] Email Address: [ ] @ [ ]

Address: [ ]

City: [ ] State: [ ] Zip: [ ][ ][ ][ ] - [ ][ ][ ][ ]

Course Number: [ ][ ] - [ ][ ][ ] - [ ][ ][ ] Course Title: [ ]

Course Number: [ ][ ] - [ ][ ][ ] - [ ][ ][ ] Course Title: [ ]

Course Number: [ ][ ] - [ ][ ][ ] - [ ][ ][ ] Course Title: [ ]

Course Number: [ ][ ] - [ ][ ][ ] - [ ][ ][ ] Course Title: [ ]

Student's Signature: [ ] Date: [ ][ ] - [ ][ ] - [ ][ ][ ][ ]  
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Comments: \_\_\_\_\_

**Refund by Credit Card, please provide credit card information below:**

Credit Card Number: [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ]

Exp. Date: [ ][ ] - [ ][ ] - [ ][ ][ ][ ]  Visa  MasterCard  Discover  
M M D D Y Y Y Y

**Office Use Only:** Received By: [ ] Staff Date Rec'd: [ ] Time Rec'd: [ ]

**Business Office Only:** Total Amount: [ ] Refund % [ ] CSCE Staff Signature: [ ] Date: [ ]

Credit or  Check Approval Signature: [ ] Date: [ ]

Any eligibility for Tuition Refund is based on the academic calendar, not class attendance. Please see Academic Bulletin or the website (<http://continuinged.uml.edu>) for detailed Tuition Refund Policy.\*  
\*All fees will be refunded if Continuing Studies is responsible for cancellations. The refund process normally requires at least a period of 4-6 weeks from the beginning of the semester.