



UNIVERSIDAD CENTRAL DEL CARIBE

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Elective Courses Office

Student #:

NOTICE OF CHANGE OR WITHDRAWAL	
Name: _____	*Date: _____
I wish to make the following changes in my program:	
I. DROP	
_____ / _____ Course Title / Course Number	
Dates:	
From: _____ / To: _____	
Approved by: _____ / _____ Preceptor / Head of Department	
II. ADD	
_____ / _____ Course Title / Course Number	
Dates:	
From: _____ / To: _____	
Approved by: _____ / _____ Preceptor / Head of Department	
ELECTIVES OFFICE USE ONLY:	Date Received: _____
	Change Processed: <input type="checkbox"/> Yes <input type="checkbox"/> No
OBSERVATIONS: _____ _____	
*Changes must be completed no less than one month prior to the date of the beginning of the Elective. It is the student's responsibility to return this signed sheet to the Electives Office.	