



77 Sherman Street
Hartford, CT 06105

Certificate Programs: (860) 509-9512

Fax: (860) 509-9509

E-mail: bmp@hartsem.edu

On the Web: www.hartsem.edu

**BLACK MINISTRIES CERTIFICATE PROGRAM
COURSE WITHDRAWAL/CHANGE IN STATUS FORM**

Name: _____

Address: _____
Street City State Zip Code

Phone Number: (____) _____ (____) _____
Day Evening

Please check the appropriate box(es):

- Withdrawal from course**
Course Name and Number: _____ Professor: _____
Semester and Year: _____
- *Change from Letter grade to Satisfactory/Unsatisfactory** **(These changes cannot be made retroactively)*
Course Name and Number: _____ Professor: _____
Semester and Year: _____
- *Change from Satisfactory/Unsatisfactory to a letter grade** **(These changes cannot be made retroactively)*
Course Name and Number: _____ Professor: _____
Semester and Year: _____
- Withdrawal/leave of absence from program**
- Please give follow up phone call**
- My address/phone number has changed**
New Information: _____
- Other:** _____

Please use the space provided for any additional comments.
This information will be kept confidential.

Signature: _____ Date: _____