



Date: \_\_\_\_\_

To: Registrar's Office

From: \_\_\_\_\_  
(Coordinator's Signature) (Coordinator's Signature)

Department Stamp(s) \_\_\_\_\_

RE: \_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Social Security Number)

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This letter is to state that the Women's Studies Program is allowing the above named student to change from \_\_\_\_\_ to \_\_\_\_\_ from \_\_\_ SP \_\_\_ SU \_\_\_ FA \_\_\_\_\_ semester.  
(Course #) (Course #) (Year)

For further information please feel free to contact the offices involved.