

Andersonville Theological Seminary
PO Box 545
Camilla, GA 31730
Fax: 229-336-7000

CHANGE OF CLASS REQUEST FORM

Name _____

Address _____

Email: _____

Phone number: _____

Program in which you are currently enrolled _____

Class you wish to drop _____

Preferred replacement class _____

Reason for requested change:

Please attach any transcripts relevant to the requested change.

There is a \$25.00 fee for a change of each class. Please attach a check or money order made out to Andersonville Theological Seminary. If you wish to pay by credit card, please fill out the information below.

Name _____ Card type: _____

Card number: _____

Expiration date: _____

