

Andersonville Theological Seminary
PO Box 545
Camilla, GA 31730
Fax: 229-336-7000
ccd@andersonvilleseminary.com

Change of Class Request Form

Student's FULL name: _____

Address:

Email incase ATS has any questions: _____

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 \$100.00 fee for change of EACH class. Please attach a check or money order made out to ATS. If you wish to pay by credit card, please fill out the information below:

Student's FULL name: _____

Card type (example visa) _____

Card number: _____

Expiration date: _____

**Please note: ATS classes are \$100.00 each for change of class.
If you switch to a NCCA class or ITS class, it will cost \$300.00 each class.**

All replacement courses must be at the appropriate level. Bachelor's level courses, for example, can only be replaced with undergraduate level courses.