



# Cleveland University

KANSAS CITY

Chiropractic and Health Sciences

## OFFICE OF ACADEMIC RECORDS & SUPPORT

### CHANGE OF TRI REQUEST

Name: \_\_\_\_\_ Current Trimester: \_\_\_\_\_

Are you currently on a special schedule? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please make the following change to my schedule for the \_\_\_\_\_ term:

- From the 12 trimester to the 10 trimester program.
- From the 10 trimester to the 12 trimester program.

*A student in the 10-trimester program may move voluntarily to the 12-trimester program at the beginning of any trimester. The student will be placed on transitional schedule for the time period necessary to enter a regular 12-trimester schedule of courses.*

*The Scholastic Regulations Committee reviews these requests and makes its decision based on the student's academic status. The University reserves the right to establish the specific schedule of any student enrolled in the University.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY (SCHOLASTIC REGULATIONS COMMITTEE):**

Request  Approved **Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 Not approved \_\_\_\_\_  
 \_\_\_\_\_

Approved, pending successful completion of current term with no failures or withdrawals