



**Policy Reminder:** Department Access After the Drop Deadline ([Susan Dorsey](#))

As a reminder, departments no longer have access to process section changes (also known as swaps) after the add deadline. Doing so puts a “W” grade on the student’s record, which should not occur for section changes. Instead, department administrators should send the student to the Office of the Registrar with a completed Special Action Form. Our office will process the section change without leaving a “W” grade on the student’s record.

Be sure to complete ALL highlighted fields below:

Office of the Registrar  
UNIVERSITY OF COLORADO BOULDER

**University of Colorado  
SPECIAL ACTION FORM**

  

STUDENT NAME (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M) \_\_\_\_\_

STUDENT NUMBER \_\_\_\_\_ STUDENT COLLEGE \_\_\_\_\_

**ACTIONS**

ADD (indicate appropriate override)

DROP (REQUIRED: LAST DATE OF ATTENDANCE / / , OR  NEVER ATTENDED)

COURSE CHANGE (use box below)

CREDIT HOUR CHANGE

EXPUNGE

**TERM**

Spring

Summer

Fall

YEAR \_\_\_\_\_

**OVERRIDES**

CLOSED CLASS

CLASS PERMISSION

WAIT LIST

OTHER \_\_\_\_\_

**GRADING OPTIONS**

NO CREDIT

PASS/FAIL

LETTER GRADE

**CAMPUS**

MAIN CAMPUS

CONTINUING ED

  

**COURSE:** \_\_\_\_\_

SUBJECT ABBR    COURSE NO.    SECTION NO.    LAB SEC.    REC. SEC.    CREDIT HOURS

  

**COURSE CHANGES WHEN DROPPING AND ADDING TOGETHER**

SECTION CHANGE     DROP BACK     DROP FORWARD     COMBINED COURSE

**DROP:** \_\_\_\_\_

SUBJECT ABBR    COURSE NO.    SECTION NO.    LAB SEC.    REC. SEC.

**ADD:** \_\_\_\_\_

SUBJECT ABBR    COURSE NO.    SECTION NO.    LAB SEC.    REC. SEC.

  

**INSTRUCTIONS:** Please print using a ball-point pen. This form is for changes to a student's enrollment record for the current term. All academic departments must fill in the information before issuing this form to the student. Please see back of form for instructions regarding required signatures. Original copy must be forwarded to the Office of the Registrar, Regent 101, 20 UCB, Boulder, CO 80309.

**APPROVAL SIGNATURES REQUIRED**

INSTRUCTOR/DEPARTMENT PRINTED NAME \_\_\_\_\_

INSTRUCTOR/DEPARTMENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

  

Comments/Reason for change: \_\_\_\_\_