

MARLBORO COLLEGE

PO Box A

Marlboro, VT 05344-0300

802-257-4333

Request to Change Class Standing

Name: _____ Date: _____

Current Standing: (circle one)

FR1 FR2 SO1 SO2 JR1 JR2 SR1 SR2

New Standing: (circle one)

FR1 FR2 SO1 SO2 JR1 JR2 SR1 SR2

FOR OFFICE USE ONLY

Plan Status: P F Credits: _____

Registrar Signature

Advisor Signature

Dean of Faculty Signature

Explanation of Request: _____
