MACALESTER COLLEGE

OFFICE OF THE REGISTRAR AND STUDENT ACADEMIC RECORDS
1600 Grand Avenue, St. Paul, MN 55101-1899
fax: 651-696-6600 ph: 651-696-6200 www.macalester.edu/registrar

Cross-Listed Course Change

INSTRUCTIONS: Please complete this form, then print and send to Registrar.

Student Name: _____ ID#: _____
Last First Middle

Term / Year Course was taken: ❑ Fall ❑ Spring Year: _____

Course Title: _____

Course Dept, Number, Section: _____

Change to Cross-Listed Course (Dept, Number, Section): _____

---------- Registrar Use ----------
❑ Change Registration
❑ Transcripts/Grade
❑ Grade Sheet

_____
Date Rec'd