



**Archdiocese of Hartford and St. Thomas Seminary  
Catholic Biblical School/Certificate of Biblical Studies**



**STUDENT CHANGE OF STATUS**

**Course No.** \_\_\_\_\_ **Academic Year:** \_\_\_\_\_

**Course Title** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**INSTRUCTOR NAME:** \_\_\_\_\_

**CURRENT YEAR OF STUDY (1, 2, 3 or 4):** \_\_\_\_\_

**DATE OF REQUEST:** \_\_\_\_\_

**STUDENT - INITIAL ONE CHOICE:**

\_\_\_\_\_ **Change from matriculating (for credit) to audit (not for credit)**  
By initialing this option, you are forfeiting all rights to receive credit for your work in the Certificate in Biblical Studies Program, St. Thomas Seminary.

\_\_\_\_\_ **Change from audit (not for credit) to matriculating (for credit)**  
By initialing this option, you are agreeing to be subject to all the terms and academic policies of St. Thomas Seminary and to complete all assignments as outlined on the course syllabus.

**STUDENT SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

**TEACHER SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_  
*(only one teacher signature is required)*

**STS DEPT CHAIR SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_