



For office use only	
Staff _____	Date _____
Staff _____	Date _____

2025 Pre-College Course Registration Changes Form

Students who cannot make changes online must use this form to add a course, drop a course for a program fee refund (if applicable), or withdraw from the program. See the Pre-College Program calendar at summer.harvard.edu for all registration deadlines and refund schedules.

Print all information requested, sign and date the bottom of the form, and then upload the form in your MyDCE account. **Note:** If any payment is required, please log in MyDCE (summer.harvard.edu/login) to make a credit card payment.

DCE ID NUMBER (if known)									
@									

HARVARD ID NUMBER (if known)									

STUDENT FULL LEGAL NAME (exactly as printed on your passport or other government-issued photo ID)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

COURSE REGISTRATION CHANGES

Pre-College Program students must obtain the permission of the program director for all course registration changes. Complete this form and upload it in your MyDCE account for approval by the program director.

- I wish to drop/withdraw from all my courses.
- I wish to make the course registration changes as indicated below:
In the TYPE OF CHANGE column, write ADD, DROP, OR WITHDRAW. Copy information for each course as it appears in the website course description, or in **View Course Schedule** in the **Course Registration and Schedule** section of your online account.

Type of change (see above)	5-digit course number (CRN)					Subject	Subject number	Course title (and section number, if applicable)	Session (I, II, or III)	Balance
ADD	3	2	2	3	4	ENGL	P-12345	Shakespeare (example)	I	\$
										\$
										\$
										\$
										\$
Payment* or refund due										\$
<small>* If payment is required, first submit payment online using a credit card.</small>										

ALTERNATE COURSE SELECTION: Courses may close before your request can be processed. If you would like us to register you in an alternate course should this happen, please list an alternate course selection below. Note: You may list more than one alternative, but you must indicate the order of your preferences below.

If this course is closed					register me in the following alternate course:									
5-digit course number (CRN) (list the crn from above for which you are listing an alternate)					5-digit course number (CRN) (list the crn of your alternate course selection)					Subject	Subject number	Course title (and section number, if applicable)	Credit status (NC)	Preference Order (1st, 2nd)
											P-			
											P-			
											P-			

Student Signature. I certify that all of the above information is true and complete to the best of my knowledge.

Student signature _____ Date _____

Digital signatures are not accepted. Document must be signed with a real signature.