

SCHEDULE CHANGE FORM

Office of the Registrar

PLEASE PRINT ALL INFORMATION CLEARLY

ID #:B _____

Last Name: _____ First: _____ MI: _____

INCLUDE ONLY ONE TERM ON FORM

CIRCLE TERM: FALL SPRING SUMMER: Specify part of term YEAR: _____
(MAY 10 WEEK SUM I SUM II)

DROP

ADD

CRN #	COURSE PREFIX & COURSE #	INSTRUCTOR	CRN #	COURSE PREFIX & COURSE #	INSTRUCTOR

ADVISOR APPROVAL REQUIRED

Print Name

Signature

Date

PERMISSION TO ADD A CLOSED CLASS REQUIRES THE WRITTEN APPROVAL OF THE DEPARTMENT CHAIR OFFERING THE CLASS.

TO BE COMPLETED BY REGISTRAR'S OFFICE ONLY

TOTAL HOURS: BEFORE _____ AFTER _____ INITIALS _____ DATE _____

07312009

NOTE: Dropping all classes for a specific term should be processed as an Official Withdrawal in Room 112, McCastlain Hall.