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| --- | --- | --- | --- | --- |
| Name: |  |  | ID#: |  |

 **SCHEDULE CHANGE FORM**



Schedule changes are not effective until this form is filed in the Registrar’s Office

|  |  |  |
| --- | --- | --- |
| **ADDS** |  | **DROPS** |
| Course # | Instructor Approval |  | Course # | Instructor Approval |
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| --- |
| **FOR OFFICE USE ONLY** |
| Received by: |  |
| Transaction date: |  |
| Load (before adjustment): |  |
| Load (after adjustment): |  |
| Tuition adjustment: |  |

|  |  |
| --- | --- |
| Term: |  |
| Student Signature: |  |
| Advisor Signature: |  |
| **If dropping below fulltime (<12hrs), the following signatures are required:** |
| Compliance Coordinator: |  |
| Residence Life: |  |
| Financial Aid: |  |