



CHANGE OF SCHEDULE FORM

STUDENT NAME: _____ STUDENT ID: _____

ARE YOU A STUDENT ATHLETE: YES NO CONTACT PHONE: _____

MAJOR: _____ DATE: _____

I have approved of the above named student making of the following schedule changes providing he/she obtains the appropriate signatures from the drop/add instructors.

Advisor Name

Advisor Signature

DROP

	COURSE PREFIX & NO	SECTION NO.	DROP INSTRUCTOR'S SIGNATURE
Example	ART 101	MC01	Jane Doe

ADD

	COURSE PREFIX & NO	SECTION NO.	ADD INSTRUCTOR'S SIGNATURE
Example	ART 101	MC01	Jane Doe

NOTE: To be eligible for financial assistance, students must be enrolled for twelve (12) semester hours.

This form is not valid and we can make no changes until you return it to the Registrar's Office with the appropriate signatures.