CAMPBELL UNIVERSITY | Registrar's Office

# 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 |
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| | | | |
| | | | |

## ADD

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