



OFFICE OF ADMISSIONS/REGISTRAR COURSE SCHEDULE CHANGE

CHANGES WILL NOT BE COMPLETE UNTIL THIS FORM IS RETURNED TO THE ADMISSIONS/REGISTRAR OFFICE

Student I.D. _____ Semester _____

Last Name _____ First _____ MI _____

SCHEDULE CHANGES								
DROP COURSE(S)				ADD COURSE(S)				
Subject	Number	Section	Credits	Subject	Number	Section	Credits	INST. Initial

DROP COURSE COUNT: _____

The following signatures are required for the above transactions:

Advisor: _____ Date: _____

Instructor: _____ Date: _____

ALL SIGNATURES ARE REQUIRED FOR COMPLETE WITHDRAWAL:

Business Office: _____ Date: _____

Housing: _____ Date: _____

Financial Aid: _____ Date: _____

Library: _____ Date: _____

Bookstore: _____ Date: _____

International Advisor: _____ Date: _____

Veterans' Affairs: _____ Date: _____

DROP ADD COMPLETE WITHDRAW

REASON FOR DROP/WITHDRAW:

Academic Difficulties Excessive Absences Transfer

Financial Difficulties Schedule conflicts w/work Military Duty

Medical Issues Death of family member Online Issues

Block Withdrawal Instructor Request

Other _____

The **OFFICIAL EFFECTIVE DATE** for any add, drop, or withdrawal is the date entered below by the Admissions/Registrar Office.

Please keep a copy of this form until final grades are posted and/or appropriate refund is received.

Student Signature Date

Drop/Add fee is \$3.00 and should be paid to the Business Office

Business Office: _____ Date: _____

NOTE

A hold will be placed on your account until the fee is paid.

FOR ADMISSIONS/REGISTRAR OFFICE USE ONLY	
_____ Date Processed	_____ Office Signature