AQUINAS COLLEGE
NASHVILLE

CHANGE OF SCHEDULE FORM

NAME _____ **DATE** _____

SCHEDULE CHANGE	DISCIPLINE	COURSE NO. AND SECTION	COURSE	CREDIT HOURS	INSTRUCTOR	GRADE PROVIDED TO REGISTRAR BY INSTRUCTOR	LAST DAY OF RECORDED ATTENDANCE
WD/DROP/ADD							
WD/DROP/ADD							
WD/DROP/ADD							
WD/DROP/ADD							
WD/DROP/ADD							
WD/DROP/ADD							

DROP/ADD/WITHRAW APPROVAL SEQUENCE:

Credit Hours Before Change _____ Credit Hours After Change _____

Advisor _____

Financial Aid/Student Accounts * _____

Dean of the School of Education _____

Vice President for Academic Affairs _____

Registrar _____

☐ Exit Survey Completed

☐ 100% Tuition & Fees ☐ 100% Tuition Only ☐ 80% Tuition Only

☐ 50% Tuition Only ☐ 25% Tuition Only ☐ No Refund Possible

Comments _____

Student's Signature _____

Note to student: decreasing hours may significantly affect financial aid and loan awards.

* Copies/Original to Registrar