



## 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/WITHDRAW APPROVAL SEQUENCE:**

Advisor \_\_\_\_\_

Financial Aid\* \_\_\_\_\_

Student Accounts\* \_\_\_\_\_

Dean or Associate Provost \_\_\_\_\_

Vice President for Academics \_\_\_\_\_

Registrar \_\_\_\_\_

Credit Hours Before Change \_\_\_\_\_ Credit Hours After Change \_\_\_\_\_

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