

# SCHEDULE CHANGE FORM

Trimester: Fall Spring Summer 919#

Student Name

**DROP**

**ADD**

Course Reference Number

Course Reference Number

Course Number Section Hours

Course Number Section Hours

Course Title

Course Title

## OBTAIN SIGNATURES AS REQUIRED FOR:

**Dropping a Course (with Committee Permission only)**

Instructor Signature \_\_\_\_\_

Advisor Signature \_\_\_\_\_

FOR OFFICE USE ONLY

## OBTAIN SIGNATURES AS REQUIRED FOR:

**Closed Class/Enrolling After Last Date to Add/Prereq Override**

Instructor Signature \_\_\_\_\_

**Closed Class/Enrolling After Last Date to Add**

Chairperson Signature \_\_\_\_\_

**Prerequisite Override Only**

Chairperson Signature \_\_\_\_\_

**Enrolling After Last Date to Add**

Advisor Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

REGISTRAR'S CLEARANCE \_\_\_\_\_