

STUDENT SCHEDULE CHANGE FORM

Instructions: 1. Print and fill in this form
 2. Secure the required signatures
 3. Submit it to the Registrar's Office

Student ID:

First Name Middle Name Family Name

Semester:
 Fall:
 Spring:
 Summer:

Year
Year
Year

	CRN	Subj	No.	Sec.	Course Title	Credit Hours	Instructor's Signature (if needed)	Chairperson's Signature (if needed)
Drop								

	CRN	Subj	No.	Sec.	Course Title	Credit Hours	Instructor's Signature (if needed)	Chairperson's Signature (if needed)
Add								

Student's Signature:

Date: / /

Day Month Year

Approved by Advisor:

Name and Signature

Date: / /

Day Month Year

Processed by Registrar's Office:

Date: / /

Day Month Year