

C H A N G E I N S C H E D U L E	_____	_____		_____	_____
	Last Name, First, MI.	Student ID			
	_____	_____	_____	_____	_____
	Department	Course #	Course Title	Cr	Initial
	A	_____	_____	_____	_____
	D	_____	_____	_____	_____
	D	_____	_____	_____	_____
	D	_____	_____	_____	_____
	D	_____	_____	_____	_____
	P	_____	_____	_____	_____
	CREDIT HOURS: _____	Term: 20 _____			
	I accept all the responsibilities of adding this course		Fall or Spring (circle one)		
	_____	_____			
	Student's Signature	Advisors Signature			
	Notice: An "Add or Change" in schedule is NOT valid until the change requested is presented to and processed by the Registrar's Office. This card can be used as a DROP for the first five days. Thereafter, the drop is considered a withdrawal "W" for the first ten weeks of school. A RECORD IS KEPT IN YOUR FILES.				
		Process by: _____	Date _____		