

# Change of Schedule Form

## Office of the Registrar

Term: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

ID: \_\_\_\_\_

(Please print name)

|                                                                                                       |   |            |     |              |           |                        |
|-------------------------------------------------------------------------------------------------------|---|------------|-----|--------------|-----------|------------------------|
| /                                                                                                     | / |            |     |              |           |                        |
| Dept.                                                                                                 | / | Course No/ | CRN | Course Title | Sem. Hrs. | Instructor's Signature |
| Date                                                                                                  |   |            |     |              |           |                        |
| Drop _____ Add _____ Withdraw _____ Change from grade to audit _____ Change from audit to grade _____ |   |            |     |              |           |                        |

|                                                                                                       |   |            |     |              |           |                        |
|-------------------------------------------------------------------------------------------------------|---|------------|-----|--------------|-----------|------------------------|
| /                                                                                                     | / |            |     |              |           |                        |
| Dept.                                                                                                 | / | Course No/ | CRN | Course Title | Sem. Hrs. | Instructor's Signature |
| Date                                                                                                  |   |            |     |              |           |                        |
| Drop _____ Add _____ Withdraw _____ Change from grade to audit _____ Change from audit to grade _____ |   |            |     |              |           |                        |

|                                                                                                       |   |            |     |              |           |                        |
|-------------------------------------------------------------------------------------------------------|---|------------|-----|--------------|-----------|------------------------|
| /                                                                                                     | / |            |     |              |           |                        |
| Dept.                                                                                                 | / | Course No/ | CRN | Course Title | Sem. Hrs. | Instructor's Signature |
| Date                                                                                                  |   |            |     |              |           |                        |
| Drop _____ Add _____ Withdraw _____ Change from grade to audit _____ Change from audit to grade _____ |   |            |     |              |           |                        |

|                                                                                                       |   |            |     |              |           |                        |
|-------------------------------------------------------------------------------------------------------|---|------------|-----|--------------|-----------|------------------------|
| /                                                                                                     | / |            |     |              |           |                        |
| Dept.                                                                                                 | / | Course No/ | CRN | Course Title | Sem. Hrs. | Instructor's Signature |
| Date                                                                                                  |   |            |     |              |           |                        |
| Drop _____ Add _____ Withdraw _____ Change from grade to audit _____ Change from audit to grade _____ |   |            |     |              |           |                        |

**Adjusted Hours:** \_\_\_\_\_

1. Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(required for students with APINS (Dual Enrollment, Concurrent, Freshmen, Sophomores,  
Junior and Seniors who are non-declared and/or who have less than a 2.0 cum GPA.)

3. Financial Aid Recipients: Students who are not enrolled at least half time and are receiving student loans by federal regulations must complete an exit interview. Please complete this process at [www.studentloans.gov](http://www.studentloans.gov).

4. Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Instructor permission is required for pre-requisite error, closed class, instructor approval, co-requisite, audits, and time conflicts.