

Schedule Adjustment Form

()
 (Student Identification Number)

PRINT
FULL
NAME

(First Name)

(Middle Name)

(Last Name)

ADDS

CALL NUMBER	SUBJECT AREA	COURSE NUMBER	SECTION NUMBER	P/W	CREDIT HOURS	Department/Instructor's Permission to "Enter a class credit"	Instructor's Permission for a "Late Add"

TERM CODE

- 1st Semester _____
- 2nd Semester _____
- Summer _____

DROPS

CALL NUMBER	SUBJECT AREA	COURSE NUMBER	SECTION NUMBER	P/W	CREDIT HOURS

Total Hours Carried After
 Processing this Drop/Add: _____

*This Box for
 Registration Office Use Only*

- Per Dean's Office Per Department
- Per Honor's Program Per Phone Call
- Cancelled Course Correction Box

 (Signature)

 (Today's Date)

 College Approval*

 (Date)

*Both Instructor's Permission and College Approval are required to process a "Late Add".
 This completed form is Registration and Records, 807 Cardwell Administration Bldg., 1044