

OFFICE OF ADMISSIONS/REGISTRAR COURSE SCHEDULE CHANGE

CHANGES WILL NOT BE COMPLETE UNTIL THIS FORM IS RETURNED TO THE ADMISSIONS/REGISTRAR OFFICE

Student I.D Se						Semester			□DROP	\square ADD		E WITHDRAW	
									REASON FOR DROP/WITHDRAW:				
Look Nove						MI			Academic Difficulties Excessive Absences Transfer				
Last Name First					IVII				<u> </u>			<u> </u>	
SCHEDULE CHANGES									Financial Diffic	ulties	chedule conflicts w/work	☐ Military Duty	
DROP COURSE(S)				ADD COURSE(S)					☐ Medical Issues ☐ Death of family member ☐ Online Issues				
Cubicat Number Costinu			Canalita	lita Cubiast Numb		Soction Cros		INST.	Block Withdrav	☐ Block Withdrawal ☐ Instructor Reque		st	
Subject	Number	Section	Credits	Subject	Number	Section	Credits	Initial	Other				
									The OFFICIAL EFFECTIVE DATE for any add, drop, or withdrawal is the date entered below by the Admissions/Registrar Office. Please keep a copy of this form until final grades are posted and/or appropriate refund is received.				
									Student Signature			Date	
DROP COURSE COUNT:													
The following signatures are required for the above transactions:								- /c . A			0.00		
Advisor: Date:									Drop/Add fee is \$3.00 and should be paid to the Business Office				
									Business Office: Date:			e:	
Instructor: Date:									*NOTE*				
ALL SIGNATURES ARE REQUIRED FOR COMPLETE WITHDRAWAL:								A hold will	be placed on	your account until the	e fee is paid.		
Business Office:						Date:							
Housing:						Date:			FOD A	DAMICCIONIC/E	SECULTAR OFFICE LICE	- ONLY	
Financial Aid:									FUR A	MUNISSIONS/F	REGISTRAR OFFICE USI	UNLY	
Library:						Date:							
Bookstore:						Date:					Office Signature		
☐International Advisor:						Date:			23(6) 10003360				
				Data			WHITE COPY - ADM	IISSIONS/REGISTRA	AR OFFICE VEI	IOW CODY - STUDENT			