



## CHANGE OF SCHEDULE

### Division of Academic Affairs

Banner ID: \_\_\_\_\_ Major Department: \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name Middle

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip Code

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

School Year: \_\_\_\_\_ - \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

#### COURSES DROPPED

CRN	Dept.	Course Number	Section Number	Credit Hours	Course Title

#### COURSES ADDED

CRN	Dept.	Course Number	Section Number	Credit Hours	Course Title

Justification: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Date: \_\_\_\_\_

Provost/Vice Chancellor for Academic Affairs

Total Hrs. Registered: _____	Total Hrs. Dropped: _____	Total Hrs. Added: _____	Total Hrs.: _____
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