

Student Number							

Quarter of registration:
<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring 20 _____

Last name (please print clearly)		First	Middle
Address (number and street, route and box or P.O)			Apt. no.
City		State	Zip
Phone number		E-mail address	

SCHEDULE CHANGE FORM

New address since last registration?

ADDs						
Check if audit*	Item number	Course and number	Section	Credit	Instructor Signature**	
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

*Check audit box only if you do NOT wish to take the class for credit.
 ** Late Enrollment Petition is required to add a class after the 5th day of the quarter (4th day in summer).

DROPS					
<i>Financial aid recipients must consult with the Financial Aid Office before dropping classes. Veterans' benefits recipients must consult with the Veterans' Affairs Office before making any schedule changes.</i>					
Item number	Course and number	Section	Credit	Instructor Signature**	Withdrawal grade

**Instructor signature required after the second week of the quarter.

I certify that my last date of attendance was (month/day/year): _____

I accept responsibility for the choice of classes listed above. Student Signature	Date
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Schedule change date

FOR OFFICE USE ONLY		
Refund %	Office Use Only	
	Total	
Cash	Check	Credit Card