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|----------------|--|--|--|--|--|--|--|
| Student Number | | | | | | | |
| | | | | | | | |

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

SCHEDULE CHANGE FORM

| | | |
|---|----------------|----------|
| 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 | |

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 registration 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 |
| | | | | | |
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**Instructor signature required aftedr 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 | Schedule change date Date |
|--|------------------------------|

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

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