

Student Number							

**Quarter of registration:**
☐ Summer ☐ Fall ☐ Winter ☐ Spring 20 \_\_\_\_\_

# Schedule Change Form

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

New address since last registration?

☐ Yes ☐ No

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.

\*\*Instructor signature required after the first week of the quarter; instructor and division chair signatures required after the second week of the quarter.

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): \_\_\_\_\_

<b>I accept responsibility for the choice of classes listed above.</b>	
Student Signature	Date

Schedule change date
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FOR OFFICE USE ONLY



Refund %	Office Use Only	
	<b>Total</b>	
Cash	Check	Credit card