



Please print the following information.

- Check (✓) the semester and enter the year for which you are requesting a schedule adjustment:
 Fall 20____ Spring 20____ Summer 20____
- Student ID Number: _____
- Last Name: _____ First Name: _____ Middle Initial: _____

To add a course(s) complete the following.

ADD COURSE(S)				
	Course Number	Section Number	Course Title	Semester Hours
1				
2				
3				
4				
Total Semester Hours				

To drop a course(s) complete the following.

DROP COURSE(S)				
	Course Number	Section Number	Course Title	Semester Hours
1				
2				
3				
4				
Total Semester Hours				

NOTE: Any course dropped after the official drop/add period is considered a withdrawal and will be graded (W).

WITHDRAWAL FROM ALL CLASSES

I am withdrawing from all my classes for the following semester.

Fall 20____ Spring 20____ Summer 20____

Check (✓) the semester and enter the year for which you are withdrawing from all classes.

Student Signature: _____

Date: _____

Recorded
DATE:
INITIALS: