Change in Student Schedule Form

Student Name:_____

ID #: _____

Advisor _____

Term (Circle One): Fall   Spring   Summer

Year:_____

DROP

Course Code & Section	Class Title	Credits

ADD   (Must have instructor signature to add a class.)

Course Code & Section	Class Title	Credits	Instructor Signature

Advisor Approval:_____   Date:_____

Pathways Staff Signature:_____   Date:_____

Records Office Use Only

Date Returned: _____   Data Entry Initials:_____

Modified: 11/20/2023