



# Schedule Adjustment

## Office of the Registrar

Students intending to add or drop courses during the add and drop period must complete this form. **The form must include approval from the Financial Aid Office before being submitted to the Registrar's Office if you are dropping below full-time status.** Please print clearly and sign on the designated line below.

Name: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ Box #: \_\_\_\_\_

Semester:  Fall  Spring Year: 20

Program:  Traditional  Ignite  DCP: \_\_\_\_\_  MASL: \_\_\_\_\_  
Cohort Cohort

Do you work on campus?  Yes  No

Do you receive Veteran's Benefits?  Yes  No

Do you hold an F-1 Foreign Student Visa?  Yes  No

Are you a student athlete?  Yes  No

Are you planning to graduate this academic year?  Yes  No

Student Section			
	Course #	Course Name	Units
D R O P			

Office Use Only		
Credit/Audit	Penalty	FA Approval

	Course #	Course Name	Units
A D D			

Credit/Audit	Penalty	FA Approval

**\*Please note: only drops will be allowed after the first week of classes.**

### Signature

I understand that by submitting this form I am requesting that the above courses be added and/or dropped from my schedule. I understand that this agreement is final and I may not add any dropped courses back to my schedule once this form is processed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar Use Only		Copies
Unit Load Before Adjustment: _____	Financial Aid Processed: _____	Registrar – Original
Unit Load After Adjustment: _____	Professor Notified: _____	Student Accounts – Copy
Computer Entry: _____	Academics Notified: _____	Financial Aid – Copy
VA Certification (if applicable): _____	Degree Audit updated: _____	VA Student File – Copy (if applicable)
Notes: _____		