



Schedule Change Request (Drop/Add Form) 6/12/08

University ID Number: _____ Name: _____

Level: (check one) Graduate Undergraduate

Term: (check one) fall spring summer Year: _____

Example

Circle one	CRN	SUBJ	CRSE	Credit	Grade	Instructor's Signature	Date
<u>Drop</u> Add	54321	6HUM	101	3.0	W	Joe Brown	1/10/06
Drop Add							
Drop Add							
Drop Add							
Drop Add							
Drop Add							
Drop Add							
Drop Add							

Old credit hour total _____

Student Signature: _____

New credit hour total _____

Date: _____