

Schedule Change Request

NOTE: This form is required <u>before</u> the census date for the affected section(s). Submit the completed form to the Registrar's Office.

Student ID:	Term: Fall Spring	g Sum I Sum II Year: 20
Student Name:	Student Phone:	
Student DOB:	Student Email:	
Reason for late enrollment or schedule change:		
Transferring student from one course to another course.		
Adding a course. <u>Complete TO section only</u> .		
I will be switching FROM:		
Course Prefix	Course Number	Course Section
Ex. ACCT	EX: 1301	EX: 7105P
TO the following section:		
Course Prefix	Course Number	Course Section
1	EA. 1301	
Instructor Signat	ure	Date
Chairperson Signature Date		
Chair person sign	ature	
Business Office S	ignature	Date
This form requires all signatures. The student is responsible for the accuracy of the information provided. If applicable, the student must pay the difference and late registration fees.		
Student Signatur	e	Date

IMPORTANT: This form will VOID if not received within <u>3 business days</u> of instructor signature. Forms are processed as of the date received by the Registrar's Office.