

DATE: ____/____/____ SEMESTER: _____ MAJOR _____ COLLEGE _____

NAME: _____ I.D. # _____/_____/_____ PHONE: _____

CRN	Department	Course Number	Section	Credit Hours	Departmental/Instructor Approval	
ADD					After 5 th Day Fall/Spring ADD only; and 10 th day DROP 5 th Day in Summer	DATE
DROP					After 10 th day DROP / 5 th Day in Summer	DATE

Signatures:

Advisor: _____ Date: _____

Student: _____ Date: _____

Registrar _____ Date _____

This change will not be official until signed by the Registrar's Office.

Carry to the Registrar's Office -- DO NOT MAIL