



## Class Schedule Change Request

Student Name	
Student ID	
Program	
Campus	
Date of Request	

**International Students:** Be sure to consult with your DSO prior to withdrawing from any classes.

**Drop from a Course :**

1. Course Information	Course Number: _____ Date: _____	Course Name: _____ Credits: _____	Term: _____
2. Course Information	Course Number: _____ Date: _____	Course Name: _____ Credits: _____	Term: _____
3. Course Information	Course Number: _____ Date: _____	Course Name: _____ Credits: _____	Term: _____

**Courses to be added :**

1. Course Information	Course Number: _____ Date: _____	Course Name: _____ Credits: _____	Term: _____
2. Course Information	Course Number: _____ Date: _____	Course Name: _____ Credits: _____	Term: _____
3. Course Information	Course Number: _____ Date: _____	Course Name: _____ Credits: _____	Term: _____

I, the undersigned, acknowledge that all the information above is accurate to the best of my knowledge. I also confirm that I have been informed that by withdrawing from a class after the close of business following the seventh day of the quarter start date, I will receive a "W" on my transcripts for all courses that I am currently enrolled in. I understand that I am responsible to pay any remaining tuition owed.

**Please note: there is a \$40 add/drop fee.**

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

**For office use only:**

Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_ DSO: \_\_\_\_\_ Date: \_\_\_\_\_

Bursar: \_\_\_\_\_ Date: \_\_\_\_\_ Registrar: \_\_\_\_\_ Date: \_\_\_\_\_