



SOUTHERN STATES
UNIVERSITY

Schedule Change Request

Date of Request: _____

Student Name: _____

Student ID: _____

Campus: _____

Name of Course(s) to be dropped:

1. _____

2. _____

3. _____

Course(s) to be added:

1. _____

2. _____

3. _____

Reason for Change(s):

Student Signature: _____

Adviser Signature: _____

*Please note: the first schedule change initiated by a student is free. However, any subsequent changes that are made will be charged a \$25 administrative processing fee. Be sure to be considerate of any changes made to your schedule.