Southern States University

Schedule Change Request

Date of Request: _____ _____

Student Name: _____ _____

Student ID: _____

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.

Rev 06/09