

Student Name: _____ Semester/Year: _____

 Student ID #

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I request the following changes to my schedule:

CRN	Subject/Course #	Add ✓	Drop ✓	Withdraw (initials required)		Course Closed Instructor or Dept. Chair Signature
				Instructor		

Underload Warning: If this change reduces your course load to 11 semester hours or less the following could occur.
 1) You will likely fall behind your class in credits passed and will not graduate on time. 2) You may not be eligible to participate in a varsity sport. 3) Your health insurance may be affected. 4) You will not be eligible for the Dean's list. 5) You may be ineligible for Financial Aid. 6) Your bill may be affected.

Student Signature: _____ Date: _____

Bring this form to the Registrar's Office for processing.

White—Registrar's Office Yellow—Student

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