Schedule Change Form

Last Name First MI  LSCS Student ID #
(Please Print Legibly)

For Office Use Only
Entered By ______________________
Date Entered ____________________

Distribution: White - Student Records     Yellow - Student or Faculty

Student Signature Date
Student Services Representative Date

DROPS
REGISTRATION #  SUBJECT COURSE # SECTION # APPROVAL

ADDs

FOR ADMINISTRATIVE USE ONLY

STUDENT'S REASON FOR THIS TRANSACTION:
PLEASE CHECK ONE (1):

☐ 41 – Change of Work Schedule-1231
☐ 42 – Active Military-1231
☐ 43 – Severe Illness or Debilitating Condition-1231
☐ 44 – Care of Sick, Injured or Needy Person-1231
☐ 45 – Death of Family Member or Close Relation-1231
☐ 46 – Class Cancelled-1231
☐ 50 – Course Content/Grade-1231
☐ 53 – Lack of Transportation-1231

Note: If you are receiving financial aid or veteran's benefits, your award amount may be affected by a change in enrollment. Please contact the Financial Aid or Veteran's Affairs Office to determine if your award will be affected.

GI BILL RECIPIENT, please check box.

Student Signature
Date

Student Services Representative
Date

For Office Use Only
Entered By ______________________
Date Entered ____________________

ARC015  05/22/09