REGISTRATION CLASS CHANGE FORM

TERM: _____

NAME _____   **ID NUMBER#** _____

ADD the following courses to my schedule:

Dept	**Number/Section**	**Course Name**	**Time/Days**	**Instructor**
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
	_____	_____	_____	_____

DROP the following course from my schedule:

Dept	**Number/Section**	**Course Name**	**Time/Days**	**Instructor**
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
	_____	_____	_____	_____

Total Hours _____   Student Signature _____

Faculty Advisor Signature _____