



Schedule Adjustment Form

C

Semester for schedule adjustment: Year: 20_____ Fall Spring Summer

Last Name _____ First Name _____ MI _____

- List classes you are changing on your current schedule and indicate if they should be added or dropped.
- Indicate if class should be credit, audit or pass/fail.

CRN	Subject	Number	Section	Days	Time	Semester Hours	Credit, Audit or Pass/ Fail	Add to Schedule	Drop from Schedule

Hours for Credit	
Hours for Audit	
Total Hours	

Overload Approval

_____	_____
Advisor Recommendation	Date
_____	_____
Dean of Instruction	Date

Student Signature Date

Advisor Signature Date

Admissions and Records Date