

Schedule Adjustment Form

(REV. 10/19)



Term _____
 Year _____
 Current Major _____

SECTION A

Last Name _____ First Name _____ M.I. _____

Student ID# _____ Phone (_____) _____

Email _____ Birth Date _____

- Do you wish to withdraw from all courses? (circle one) **NO YES**
 If you circled **NO** for question 1, please complete Sections B and C.
- If you circled **YES** for question 1, **what is the last date you attended class?** _____
 If you circled **YES** for question 1, you must obtain signature from Dean of Students Office and sign the Financial Aid Complete Withdrawal Form when you submit this form to Enrollment Services.

SECTION B – Instructor permission is required to add a class if you do not have the necessary prerequisites. Advisor signature and drop reason are required for every course you drop after add/drop ends*

| | Audit Y/N | CRN | Course Number | Credit Hours | Did you attend? Y/N | Drop Reason <i>See List Below</i> | Adds Instructor signature when required |
|--------|--------------|-------|------------------|-----------------|------------------------|--|--|
| Sample | N | 80214 | Math 1111 | 3 | Y | C | |
| Add | | | | | | | |
| Add | | | | | | | |
| Add | | | | | | | |
| Add | | | | | | | |
| Drop | | | | | Did you attend? Y/N | *Drop Reason* <i>See List Below</i> | *Drops* Advisor signature required after add/drop |
| Drop | | | | | | | |
| Drop | | | | | | | |
| Drop | | | | | | | |
| Drop | | | | | | | |

Please indicate your primary reason for dropping the course above. A=Financial; B=Health; C=Work; D=Family Issues; E=Academic Difficulty; F=Issues with Instructor; G=Transportation; I=Childcare; J=Course Content; K=Course not needed; L=Other (specify _____); M=Technical Issues; N=Time Management

SECTION C – The schedule adjustment process is not complete without all signatures above and below. Schedule adjustments may require repayment of financial aid funds.

Student Signature _____ Date _____

Dean of Students (complete withdrawal only) _____ Date _____

Signed Financial Aid Form (complete withdrawal only) _____ Date _____

Enrollment Services Signature _____ Date _____