Request for Schedule Adjustment

_________________________
(Date)

Student ________________________________    J Number________________________________

Phone Number __________________________

Please perform the action indicated for the above student:

☐ Add student to the course

Course No./Section ______________________________   CRN ____________________

Course Title ______________________________

Student has been attending the course since ____________________________ but name does not appear
on roster.                                                                     (Insert Date)

☐ Drop student from the course

Course No./Section ______________________________   CRN ____________________

☐ Student has never attended the course.
☐ Student attended the course. The last day of attendance was ____________________________

Approved Disapproved

☐ ☐ ______________________________

Instructor

☐ ☐ ______________________________

Department Chair

☐ ☐ ______________________________

Dean

☐ ☐ ______________________________

Academic Affairs