

Jackson State University
College of Business

REQUEST FOR SCHEDULE ADJUSTMENT

Date

Student _____ J Number _____

Telephone Number(s) _____

E-Mail _____

Semester / Year _____

Please perform the action indicated for the above student:
(Please attach pertinent documentation.)

_____ **Add Student to the Course**

Course No. / Section No. _____ CRN _____
Rationale: _____

_____ **Drop Student to the Course**

Course No. / Section No. _____ CRN _____
Rationale: _____

Approved	Disapproved	Administrative Level
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_____	_____	_____ Instructor
_____	_____	_____ Department Chair
_____	_____	_____ Dean
_____	_____	_____ Academic Affairs