

Jackson State University

1400 J. R. Lynch Street
Jackson, Mississippi 39217

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

