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