

# 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