



COURSE CHANGE FORM

(1ST. SEMESTER) (2ND SEMESTER) (MID-MAY - JUNE) (JULY-MID - AUGUST)
SEMESTER: *FALL* *SPRING* *1ST SUMMER* *2ND SUMMER*

_____ _____ _____
LAST NAME GIVEN NAMES STUDENT ID#

DROP _____
COURSE NUMBER SECTION

ADD _____
COURSE NUMBER SECTION

DATE: _____ DEPARTMENTAL APPROVAL: _____

STUDENT'S SIGNATURE: _____