

Course Schedule Adjustment Form

Please print all information legibly. Use this form only after Drop/Add ends. Please complete this form by the published deadline.

UFID: _____

NAME: _____

TERM/YEAR _____ / _____ CLASS/COLLEGE _____ / _____

ADD COURSE _____ Section _____ Credits _____

COURSE _____ Section _____ Credits _____

Department Approval FOR ADD(s) _____ Date _____

DROP COURSE _____ Section _____ Credits _____

COURSE _____ Section _____ Credits _____

*Students are FEE LIABLE for all courses they add or drop after the
Drop/Add period ends.*

SIGNATURE of STUDENT _____ Date _____

JOSEPH F. SPILLANE, Assoc. Dean/Director AAC _____ Date _____

Variable Credit Courses: To adjust the number of credits you are receiving, please fill in the "ADD" portion of this form with the new number of credits and the "DROP" portion of this form with the former number of credit and obtain all necessary signatures.

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