

SCHEDULE ADJUSTMENT FORM

NAME: _____ SIGNATURE: _____

DATE/: _____ STUDENT ID: **S** _____

YEAR: _____ TERM: _____

Summer
 Fall
 Spring

ADD				WITHDRAW		
Course ID & CRN	Cr	Authorized Signature	Pre-req Override	Course ID & CRN	Cr	
			Y / N			
			Y / N			
			Y / N			
			Y / N			

DROP			Question	Yes	No
Course ID & CRN	Cr	Authorized Signature			
			Are you receiving college Financial Aid?		
			Are you receiving V.A. benefits?		
			Are you an International student?		
			Are you a High School student?		
			Do you wish to authorize COF for added courses?		

FOR OFFICE USE ONLY	
Current Hours: _____ + Hours Added: _____ - Hours Dropped: _____ - Hours Withdrawn: _____ = Total Hours: _____	
Date Processed: _____ Processed By: _____	