THE UNIVERSITY OF SCRANTON
A JESUIT UNIVERSITY

STUDENT SCHEDULE CHANGE FORM
(To be used for changes to a pre-existing schedule)

REGISTRATION-T

Print clearly and use ink (no pencil).

Royal ID	Name	Scranton Email Address
		@scranton.edu
College ☐ CAS ☐ KSOM ☐ PCPS	Class ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate	Cell Phone #
Major	Term ☐ Fall ☐ Intersession ☐ Spring Summer ☐ S1 ☐ S2 ☐ S3 ☐ S4 ☐ S5	Year

Courses To Be Dropped						Courses To Be Added			
CRN	Subject	Number	Section	Date Last Attended *(Required to Process)*	Instructor's Signature *(After 100% Refund Period)*	CRN	Subject	Number	Section

I have read the policy for Course Schedule Changes.

Student Signature	Date

Tuition Refund Period ☐ 100% ☐ 75% ☐ 50% ☐25% ☐W Grade (no refund)			
Approval Signatures	Approved	Not Approved	Date
Academic Dean			
Mentor *(Required for undergraduate students in accelerated programs and graduate students)*			

Return the completed form to the Office of the Registrar and Academic Services, O'Hara Hall, 1st Floor.

ORAS Office Use: ☐ Course(s) Added/Dropped ☐ Scan record	Signature	Date

White – Registrar   Yellow – Student   Pink – Advisor   Rev 9/17