

THE GRADUATE SCHOOL SCHEDULE CHANGE FORM

Name: _____ (Last) _____ (First) _____ (M.I.) Semester/Term _____ 20 _____

Social Security No. _____ — _____ — _____

TO BE COMPLETED BY THE STUDENT

COURSE (S) TO BE DROPPED						COURSE (S) TO BE ADDED*					
Subject	Course#	Section#	Credits	Course Title		Subject	Course#	Section#	Credits	Course Title	

REASON FOR REQUEST:

Student's Signature

Date

Mentor's Signature

Date

No transcript entry is made if a course is dropped during the refund period (25%-100%). Drops during the "No Refund" period result in a "W" (Withdrawal) grade entry on the transcript.

*The mentor's signature is required to add a course. Neither mentor's nor instructor's is required when dropping a course.

OFFICE USE

ACTION TAKEN:

REFUND:
 100%
 75%
 50%
 25%
 "W" Grade
 (No Refund)

FEE(s):
 Schedule Change \$ _____
 Reinstatement \$ _____

Dean's Signature/Approval

Date