



DIVISION OF GENERAL STUDIES

807 S. Wright Street, Floor 5
MC-317

LATE COURSE CHANGE

Student name _____

Student UIN _____

I request approval to make the following schedule change(s) after the deadline _____

Student Signature

TERM: Fall Spring Summer YEAR: _____

ACTION	Is this part of a section change?	CRN	SUBJECT/NUMBER	SECTION	CREDIT HOURS
<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> CREDIT CHANGE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> CREDIT CHANGE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> CREDIT CHANGE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> ADD <input type="checkbox"/> DROP <input type="checkbox"/> CREDIT CHANGE	<input type="checkbox"/> YES <input type="checkbox"/> NO				

I agree to the above listed course changes, as of this date _____.

Instructor's Signature

As of this date _____, the course(s) and section(s) listed above have space to accommodate this request, and the Department approves of this change.

Departmental Signature or Stamp

Please return to The Division of General Studies Office at 807 S Wright Street, Floor 5.

Processed by: _____

Date: _____