Change of Schedule For Term A
Term B
Full Term



Office: 229-430-4638 Fax: 229-430-2953

Office of Academic Services and Registrar ◆ACAD Building, Room 283 504 College Drive ◆ Albany, GA 31705

CHANGE OF SCHEDULE FORM Please Make Change (s) Indicated Below

STUDENT	'S NAME		RAM ID NUMBER					PHONE NUMBER ()		
STUDENT	1. Obtain 2. IN CO 3. INDIC 4. SIGN 3 5. Be sure 6. ALL LI exampl 7. Submit	NFERENCE WITH Y ATE REASON FOR your name on the sign that your ADVISO (STED INFORMATI de below). t completed form to tle for location). After	YOUR ADVISOR CHANGE. gnature linedigit R signs your forn ION MUST BE O your academic de er schedule adjus	Office of Academi , COMPLETE THI tal signatures are a n EVEN if your ad N THE FORM BEI epartment during s tment period, the	ic Services and Registra E FORM. INDICATE I accepted. visor is the Instructor of FORE SUBMITTING I acchedule adjustment. Y completed form should	REASON FOR CHANGE of the class(es) being added or of IT; REGARDLESS OF WHETH You must secure a new fee state d be taken to the Office of Acac	iropped. ER YOU ARE ADDING (ment showing the course, lemic Services and Regist INSTRUCTOR'S	OR DROPPING (See /fee change (see class rar for processing,	_	
	Livini EL.	CRN 72738	SUBJE PED			COURSE TITLE Lifetime Skills I	LAST NAME Smith	CREDIT HOUR	<u>S</u>	
	CRN	Subject	Course	Section		Course Title		s Last Name	Credit Hours	
DROP										
DROP										
DROP										
DROP										
DROP										
	CRN	Subject	Subject Course Section			Course Title		Instructor's Last Name		
ADD										
ADD										
ADD										
ADD										
ADD										
Reason	for Change(s):									
APPROVED	Student's Signature									
	-	Advisor Date								

*Students receiving VA benefits should notify the Veterans Counselor of courses dropped.

Interim Registrar

 $\textbf{Copy Distribution:} \hspace{0.2cm} \textit{Office of Academic Services and Registrar, Financial Operations \& Student}$

Date

^{*} Academic Success Courses cannot be dropped after schedule adjustment period ends.