



Marywood

UNIVERSITY

OFFICE OF THE REGISTRAR

CHANGE OF SCHEDULE

Student: _____

Class: _____

Student Identification Number: _____

Fall

Spring

Summer I

Summer II

Summer III

RETURN COMPLETED FORM TO THE STUDENT SERVICES AREA OF THE REGISTRAR'S OFFICE, LAC 90.

THE STUDENT IS RESPONSIBLE FOR PRESENTING THE COMPLETED FORM TO THE REGISTRAR'S OFFICE WITH A **\$10.00** CHANGE OF SCHEDULE FEE.

THE EFFECTIVE DATE IS THE DATE THE FORM IS PRESENTED AT THAT OFFICE.

WITHDRAWAL FROM COURSE(S)

<u>CRN</u>	<u>DEPT</u>	<u>CATA</u>	<u>SEC</u>	<u>COURSE TITLE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Advisor's Signature: _____ Date _____

Student's Signature: _____ Date _____

Withdrawal becomes effective on the date this form is submitted to the Registrar's Office LAC 90 _____

ADDITION OF COURSE(S)

<u>CRN</u>	<u>DEPT</u>	<u>CATA</u>	<u>SEC</u>	<u>COURSE TITLE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Advisor's Signature: _____ Date _____

Student's Signature: _____ Date _____