SCHEDULE CHANGE FORM

Office of the Registrar-University of Central Arkansas

PRINT ALL INFORMATION

***ID #: B_____Contact Phone #_____**

***Last Name:** **First Name:** **MI**

INCLUDE ONLY ONE TERM ON FORM

CIRCLE TERM: FALL SPRING SUMMER: YEAR:_____

DROP				ADD			
CRN	Course Prefix	Course Number	Instructor	CRN	Course Prefix	Course Number	Instructor

ADVISOR APPROVAL REQUIRED

Print Advisor Name Advisor Signature Date

Student Signature Date

***Schedule Exception Form or department stamp of the class being offered is required to add a closed class.**
****Financial Aid students that will drop below 12 hours, must get this form stamped before processing.**

Department Approval, If Needed	**VA Benefits**	**Financial Aid Stamp**, If Needed****		
		FA Counselor Initials	**Hours Dropping**	**Financial Aid Stamp**

Please Note: Alterations to schedules may result in additional billing regardless of net changes in total enrollment hours due to refund schedules, section fees and other factors. Please follow up with student accounts for questions concerning charges.

COMPLETED FORMS MUST BE BROUGHT TO THE REGISTRAR'S OFFICE, Mccastlain Hall 121

OFFICE ONLY:

Registrar Process Date

Processed by:_____ Date: _____

Total Hours _____ _____

Before After