

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 |
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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.**

****Students Receiving Financial Aid must have the form stamped by the Financial Aid Office.**

****If you have a scholarship it is your responsibility to know your hour requirements for renewal/continuation of the scholarship.**

| **Department Approval, If Needed** | **VA Benefits** | **Housing** | **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, Harrin Hall 224

OFFICE ONLY:

Registrar Process Date

Processed by: _____ Date: _____

Total Hours _____
Before _____ After _____