

**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: \_\_\_\_\_**

<b>DROP</b>				<b>ADD</b>			
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.**

**\*\*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.**

<b>**Department Approval, If Needed**</b>	<b>**VA Benefits**</b>	<b>**Housing**</b>	<b>**Financial Aid Stamp, If Needed**</b>		
			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
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Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Total Hours \_\_\_\_\_  
Before                                  After