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.**
****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, required**		
			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