

# SCHEDULE REVISION REQUEST

OFFICE USE
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1. PUID \_\_\_\_\_ 2. NAME \_\_\_\_\_  
LAST FIRST MIDDLE

3. \_\_\_\_\_ 4. YEAR \_\_\_\_\_ 5. COLLEGE \_\_\_\_\_ 6. MAJOR \_\_\_\_\_ 7. \_\_\_\_\_

	Office Use	A-Add D-Drop M- Modify	CRN	Subject	Course No.	Var. Credit	W/ WF	P/ NP	Instructor Signature	Date	Department Head Signature	Date
1												
2												
3												
4												
5												
6												
7												
8												

**AUTHORIZATIONS:**

\_\_\_\_\_  
 SIGNATURE OF STUDENT                      DATE                      ADVISOR SIGNATURE                      PHONE NO.                      DATE                      PRINTED NAME

<p><b>ADVISOR COMMENTS:</b></p>
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<p>BURSAR USE</p>
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<p><b>OFFICE OF THE REGISTRAR COMMENTS:</b></p>
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