

SCHEDULE REVISION REQUEST

OFFICE USE

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

ADVISOR COMMENTS:

BURSAR USE

OFFICE OF THE REGISTRAR COMMENTS: