

CHANGE OF SCHEDULE/INSTRUCTOR CONSENT FORM

This form must be completed and signed off your academic advisor in order to make changes in your course schedule after you have initially registered for classes. Bring completed form to the Office for Academic and Student Affairs (Criss III, 154).

Student name: _____ Net ID: _____

Student email address: _____

Requested Schedule Change Details:

[] Add course-Call Number _____ Course title _____
Credit hours _____
Instructor of record _____

[] Drop course-Call Number _____ Course title _____

[] Withdraw-Call Number _____ Course title _____

[] Time Conflict: Needs signature of both departments
Call Number _____ Course title _____
Instructor Signature _____

[] Call Number _____ Course title _____
Instructor Signature _____

[] Semester enrolled (including year): _____

[] Over 21 credit hours limit (advisor & Assistant/Associate Dean signature required) If taking over 21 hours, includes Graduate school courses, form must also be approved by graduate school.

_____ Date signed: _____
Dean of Graduate School (when applicable)

Signature: For Instructor/Advisor Consent

Instructor of record _____ Date signed by IOR: _____

IOR email address _____

Faculty Advisor _____ Date signed by Advisor: _____

Advisor email address _____

_____ Date signed: _____

Assistant/Associate Dean School of Pharmacy and Health Professions

Comments: _____

OFFICE USE ONLY

Request received by: _____ Date: _____ Request processed by: _____ Date: _____

Email: Instructor of Record
Faculty Advisor

Original to student file