



SCHEDULE ADJUSTMENT FORM

OFFICE OF THE REGISTRAR

Schedule adjustments can only be made during the add/drop period at the beginning of each term.

Please return this form to the Office of the Registrar, 2nd floor of the Buckner Building.

CURRENT INFORMATION: Fill out completely.

Student's Name: _____ Student ID#: _____

Date: _____ Major: _____ Class: FR / SO / JR / SR
(Circle one)

Housing: Resident / Commuter Graduating SR: Yes / No Term/Year (e.g. Spring 2020): _____
(Circle one) *(Circle one)*

DROP

Course Prefix and Number	Section	Course Title	Time	Credit	Instructor

ADD

Course Prefix and Number	Section	Course Title	Time	Credit	Instructor

NOTES:

If you are a new FSC student, an advisor's signature is required in the space below. Thank you!

ADVISOR'S SIGNATURE: _____

OFFICE USE ONLY

DATE ENTERED: ____/____/____ INITIALS: _____