

SCHEDULE CHANGE REQUEST

(ADD/DROP*-WITHDRAWL* FORM)

NOTE: All requests for **ADDS** must have your **advisor's approval** before such requests will be considered.

Name _____ Date _____

STUDENT ID# _____ No. credits before change _____ No. credits after change _____

(I acknowledge that changes to my schedule may affect my current and future eligibility for financial aid.

Please see your individual financial aid counselor for details.) Signature _____

1. If changing increases your bill, *you must have approval from Student Financial Services:*

_____ (Signature of Approval)

2. Student has been advised on NYS TAP eligibility.

_____ (Counselor Signature)

_____ (Student Signature)

-----DROPPING A COURSE-----

I wish to WITHDRAW* FROM the following course(s):

<u>DEPT</u> <u>NAME</u>	<u>COURSE</u> <u>NUMBER</u>	<u>SECTION</u> <u>LETTER</u>	<u>COURSE TITLE</u>	<u>NUMBER OF</u> <u>CREDITS</u>	<u>PROFESSOR</u>	<u>LAST</u> <u>ATTENDED</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

-----ADDING A COURSE-----

I wish to ADD the following course(s):

<u>DEPT</u> <u>NAME</u>	<u>COURSE</u> <u>NUMBER</u>	<u>SECTION</u> <u>LETTER</u>	<u>COURSE TITLE</u>	<u>NUMBER OF</u> <u>CREDITS</u>	<u>PROFESSOR</u>	<u>ADVISOR'S</u> <u>SIGNATURE</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

BRING COMPLETED FORM IN PERSON TO THE REGISTRAR'S OFFICE

*ADD/DROP period is only in effect for the first week of the semester. Classes can only be added to a schedule during this time. Any classes dropped will not be reflected on your official transcript.

*Withdrawing from a course after the Add/Drop period has finished results in a WD on your transcript.

