Save Form Print Form

CENTRAL TEXAS COLLEGE

Schedule Change Request

Social Security Number {last four Digits}

Year: 20_____ Term: _____

Name: _____ _____ _____
Last First M.I.

DROP REGTERM: _____

Seq/ Call #	Course			Sem Hrs.	Financial Aid Approval	Records Office Use Only		Records Office
	Name	Number	Section #			Code	Date	
Total Sem. Hrs. Dropped								

ADD

Seq/ Call #	Course			Sem Hrs.	Financial Aid Approval	Records Office Use Only		Departmental/Counselor Approval
	Name	Number	Section #			Code	Date	
Total Sem. Hrs. Added								

I request the schedule changes listed above. I agree to pay additional charges resulting from this change. I understand this change is not official unless it bears the Business Office approval.

Business Office Approval

_____ _____
Student Signature Date Signed

CTC Form 29w (Feb 2000)

Reset Form Submit Form