

CENTRAL TEXAS COLLEGE

Schedule Change Request

999-99-9999

Social Security Number

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