

Schedule Change Request

CTC ID 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								

Students requesting late enrollment in online courses are responsible for communicating with their instructor regarding any missed assignments for the course. Registering late does not guarantee that you will be able to make up or extend the due date for missed and upcoming assignments in courses where registration was processed during the first week of the course.

I request the schedule changes listed above. I agree to pay additional charges resulting from this change.

Student Signature _____

Date Signed