

| Student Number | | | | | | | |
|----------------|--|--|--|--|--|--|--|
| | | | | | | | |

Quarter of registration:
 Summer Fall Winter Spring 20 _____

| | | | |
|---|--|-----------------------|-----------------|
| Last name (please print clearly) | | First | Middle |
| Address (number and street, route and box or P.O.) | | | Apt. no. |
| City | | State | Zip |
| Phone number () | | E-mail address | |

| ADDS | | | | | | |
|--------------------------|-------------|-------------------|---------|--------|------------------------|--|
| Check if audit* | Item number | Course and number | Section | Credit | Instructor signature** | |
| <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | | | | | | |

*Check audit box only if you do NOT wish to take the class for credit.
 **Instructor signature required after the first week of the quarter; instructor and division chair signatures required after the second week of the quarter.

| DROPS | | | | | | |
|--|-------------------|---------|--------|------------------------|--|------------------|
| <i>Financial aid recipients must consult with the Financial Aid Office before dropping classes. Veterans' benefits recipients must consult with the Veterans' Affairs Office before making any schedule changes.</i> | | | | | | |
| Item number | Course and number | Section | Credit | Instructor signature** | | Withdrawal grade |
| | | | | | | |
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**Instructor signature required after the second week of the quarter.


I certify that my last date of attendance was (month/day/year): _____

| | |
|--|------|
| I accept responsibility for the choice of classes listed above. | |
| Student Signature | Date |

| |
|----------------------|
| Schedule change date |
|----------------------|

Schedule Change Form

New address since last registration?
 Yes No

| FOR OFFICE USE ONLY | | |
|--|------------------------|--------------------|
|  | | |
| <div style="border: 1px solid black; padding: 5px; width: 80px; margin: auto;"> Refund % </div> | Office Use Only | |
| | | |
| | | |
| | | |
| | | |
| | Total | |
| Cash | Check | Credit card |