

Change of Schedule For
 Term A _____
 Term B _____
 Full Term _____



Office: 229-430-4638
 Fax: 229-430-2953

Office of Academic Services and Registrar ♦ACAD Building, Room 283
 504 College Drive ♦ Albany, GA 31705

CHANGE OF SCHEDULE FORM
 Please Make Change (s) Indicated Below

STUDENT'S NAME _____ RAM ID NUMBER _____ PHONE NUMBER (____) _____

Instructions:

1. Obtain Change of Schedule Form from the Office of Academic Services and Registrar.
2. **IN CONFERENCE WITH YOUR ADVISOR**, COMPLETE THE FORM. INDICATE REASON FOR CHANGE
3. INDICATE REASON FOR CHANGE.
4. SIGN your name on the signature line.-digital signatures are accepted.
5. Be sure that your ADVISOR signs your form EVEN if your advisor is the Instructor of the class(es) being added or dropped.
6. ALL LISTED INFORMATION MUST BE ON THE FORM BEFORE SUBMITTING IT; **REGARDLESS** OF WHETHER YOU ARE ADDING OR DROPPING (See example below).
7. Submit completed form to your academic department during schedule adjustment. You must secure a new fee statement showing the course/fee change (see class schedule for location). After schedule adjustment period, the completed form should be taken to the Office of Academic Services and Registrar for processing.

EXAMPLE:

CRN	SUBJECT	COURSE	SECTION	COURSE TITLE	INSTRUCTOR'S LAST NAME	CREDIT HOURS
72738	PEDH	1005	01	Lifetime Skills I	Smith	1

	CRN	Subject	Course	Section	Course Title	Instructor's Last Name	Credit Hours
DROP							
DROP							
DROP							
DROP							
DROP							

	CRN	Subject	Course	Section	Course Title	Instructor's Last Name	Credit Hours
ADD							
ADD							
ADD							
ADD							
ADD							

Reason for Change(s): _____

APPROVED _____
 Student's Signature _____
 Advisor _____ Date _____
 Interim Registrar _____ Date _____

Copy Distribution: Office of Academic Services and Registrar, Financial Operations & Student

*Students receiving VA benefits should notify the Veterans Counselor of courses dropped. * Academic Success Courses cannot be dropped after schedule adjustment period ends.