

Schedule Adjustment Form

PRINT
FULL
NAME

NU ID NUMBER

FIRST NAME

MIDDLE NAME

LAST NAME

ADDS

Class Number	Subject Area	Course Number	Section Number	P/N	Unit/Credit Hours	Department/Instructor's Permission to 'Enter a closed course'	Instructor's Permission For 'Late Add'*

TERM CODE
<input type="checkbox"/> Fall Semester _____
<input type="checkbox"/> Spring Semester _____
<input type="checkbox"/> Summer Sessions _____

* Instructor's Permission *and* College Approval are required to process a 'Late Add'.
See reverse side for additional information.

DROPS

Class Number	Subject Area	Course Number	Section Number	P/N	Unit/Credit Hours

<p><i>This Box for Registration Office Use ONLY:</i></p> <p><input type="checkbox"/> Per Department <input type="checkbox"/> Per Phone Call</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Operator _____ Date _____</p>
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COLLEGE APPROVAL*

DATE

