



### CHANGE OF STUDENT RECORD FORM

Semester/Session:  Fall  Spring  Summer Year: 20

NAME:  (Last)  (First)  (M.I.)

DATE:

STUDENT ID #:  CHANGE INITIATED BY:  Student  Administrator

DROP

CRN	Course & Number	Section Number	Hours

ADD\*\*

CRN	Course & Number	Section Number	Hours	Audit	Instructor's Signature (optional after "add period")

\*\* Any courses added to a schedule after the Census/Pell Recalculation Date may not be eligible for Pell Grant Funds

REINSTATE (COURSE THAT WAS DROPPED WITH A "W" AFTER THE CENSUS DAY)

CRN	Course & Number	Section Number	Hours	Instructor's Signature (required)

**RATIONALE REQUIRED FOR ADD/REINSTATEMENT:** (With supporting documentation, as applicable.)

**ACADEMIC APPROVAL:** Through the Official Census Day:

\_\_\_\_\_  
Division Dean, Assistant Dean, or Dept. Chair

\_\_\_\_\_  
Date

After the Official Census Day:

\_\_\_\_\_  
Division Dean, or Assistant Dean

\_\_\_\_\_  
Date

**It is the student's responsibility to take this form to the Registrar's Office.** The official drop date is the date this form is received and processed in the Registrar's Office.

I am aware that the above actions may affect my academic record, my financial charges, and my financial aid. I agree to follow the terms and conditions published in the college catalog and student handbook.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Processed By

\_\_\_\_\_  
Date