

CHANGE OF STUDENT RECORD FORM-----DRAFT

(Last)		(First)	(M	.L)	DAT	E:
ENT ID #:		CHANGE INITI		Student		Administrator
OROP	CRN	Course & Number	Section Number	Hours]	
]	
DD**	CRN	Course & Number	Section Number	Hours	Audit	Instructor's Signature (optional after "add per
ny courses	added to a	schedule after the Census	/Pell Recalculation	n Date ma	y not be	eligible for Pell Grant
LINSIAI		SE THAT WAS DROPPE				
LINSIAI	CRN	Course & Number	Section Number	Hours		tor's Signature
LINSTAT			•		Instruc	tor's Signature
LINSTAT			•		Instruc	tor's Signature
	CRN		Section Number	Hours	Instruc (require	tor's Signature d)
	CRN	Course & Number	Section Number	Hours	Instruc (require	tor's Signature d)
DNALE RE	CRN	Course & Number	Section Number	Hours	Instruc (require	tor's Signature d)
DNALE RE	CRN	Course & Number	Section Number	Hours	Instruc (require	tor's Signature d)
DNALE RE	CRN CQUIRED I	Course & Number	Section Number	Hours	Instruc (require	tor's Signature d) on, as applicable.)
DNALE RE	CRN CQUIRED I	Course & Number Image: Course & Numer Image: Course & Number	Section Number	Hours	Instruc (require	tor's Signature d) on, as applicable.)
PNALE RE	CRN CQUIRED I	Course & Number	Section Number	Hours	Instruc (require	tor's Signature d) on, as applicable.)
NALE RE	CRN CQUIRED I	Course & Number Image: Course & Numer Image: Course & Number	Section Number	Hours	Instruc (require	tor's Signature (d) (c) (c) (c) (c) (c) (c) (c) (c