

## CHANGE OF STUDENT RECORD FORM

Semester/Session:  Fall  Spring  Summer Year: 20

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

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 <i>(optional after "add period")</i>

**\*\* 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 <i>(required)</i>

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

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

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