

# Vincennes University Schedule Change Form



DATE					
MONTH	DAY	YEAR			

ENROLLMENT TERM: CHECK ONE					
FALL	SPR	INTR	SS 1	SS 2	YEAR

STUDENT ID NUMBER							
A							

NAME \_\_\_\_\_

MAJOR \_\_\_\_\_

MAJOR NUMBER \_\_\_\_\_

PROGRAM CODE \_\_\_\_\_

DEGREE \_\_\_\_\_

PLEASE NOTE: ANY CHANGES IN COURSE SCHEDULE WILL BE MADE ONLY WITH THE SIGNATURES OF THE ADVISOR AND THE PROFESSOR OF THE COURSE LISTED.

D R O P	COURSE NUMBER				COURSE TITLE	CR HR	DAY	TIME	LDOA*	APPROVAL
	CRN NUMBER	SUBJECT	NUMBER	SECTION						
ACADEMIC ADVISOR'S SIGNATURE _____					TOTAL HOURS DROPPED _____					

A D D	COURSE NUMBER				COURSE TITLE	CR HR	DAY	TIME	APPROVAL
	CRN NUMBER	SUBJECT	NUMBER	SECTION					
ACADEMIC ADVISOR'S SIGNATURE _____					TOTAL HOURS ADDED _____				

Remarks	CHANGE OF PLACEMENT
	TIME CONFLICT
	STUDENT CHOICE
	OTHER
	(CIRCLE ONE)

Registrar—White Copy  
Student—Yellow Copy  
Advisor—Pink Copy

APPROVAL AND EFFECTIVE DATE: OFFICE OF THE REGISTRAR

TOTAL HOURS ENROLLED PRIOR TO CHANGE(S)

TOTAL HOURS ENROLLED AFTER THE CHANGE(S)

**\* A last date of attendance must be provided for class withdrawals.**