



**SCHEDULE CHANGE
SAMFORD UNIVERSITY**

Semester/Term _____ 20_____

Date _____

Please Print:

_____, _____ **9** _____
 LAST NAME FIRST MIDDLE Banner SUID NUMBER

Samford University E-mail Address: _____@samford.edu Samford University Box 29 _____

This form is for schedule changes only. It is **NOT** to be used to drop or withdraw an entire schedule for a semester/term. The appropriate form to drop or withdraw an **entire** schedule is a *Withdrawal Request* form available in the Student Records Office, Samford Hall, and Room 214 or through the SU portal.

I WISH TO DROP or ⊕WITHDRAW

⊕Is processed as a withdrawal after last day to drop a course(s).
 +Instructor's signature required after last day to drop a course(s).

CRN;Sub.;Course and Sec. (i.e., 70076 ACCT 211 01)	+Instructor Permission (Please write date you sign form)

I WISH TO ADD COURSE(S)

*Instructor's signature required to be added to a class(es).
 May require a registration or permit override request form.

CRN;Sub.;Course and Sec. (i.e., 70590 MATH 110 03)	*Instructor Permission (Please write date you sign form)

 Student Signature

 Advisor Signature (Please write date you sign form) Date Signed

 Dean's Signature Required if Student is registering for more than normal max load of credits.

 Date signed
Revised 9/03/08