



# SCHEDULE CHANGE (Add/Drop) FORM

Fall Semester    Spring Semester  
 Summer:    Term I    Term II    Term III

Year: 20-\_\_\_\_\_

Student Name (Printed) \_\_\_\_\_

CNU ID Number \_\_\_\_\_

CNU Email Address \_\_\_\_\_

Cell/Local Phone Number \_\_\_\_\_

## COURSES TO ADD

| CRN | DEPT | COURSE NO | SEC NO | CR HRS | AUDIT (A) or CREDIT (C) EARNING |
|-----|------|-----------|--------|--------|---------------------------------|
|     |      |           |        |        |                                 |
|     |      |           |        |        |                                 |
|     |      |           |        |        |                                 |
|     |      |           |        |        |                                 |
|     |      |           |        |        |                                 |
|     |      |           |        |        |                                 |
|     |      |           |        |        |                                 |
|     |      |           |        |        |                                 |

## COURSES TO DROP

| CRN | DEPT | COURSE NO | SEC NO | CR HRS | AUDIT (A) or CREDIT (C) EARNING |
|-----|------|-----------|--------|--------|---------------------------------|
|     |      |           |        |        |                                 |
|     |      |           |        |        |                                 |
|     |      |           |        |        |                                 |
|     |      |           |        |        |                                 |
|     |      |           |        |        |                                 |
|     |      |           |        |        |                                 |
|     |      |           |        |        |                                 |
|     |      |           |        |        |                                 |

\_\_\_\_\_  
 Student Signature Date

INSTRUCTOR APPROVAL OF CLOSED (FULL) SECTION

\_\_\_\_\_  
 Instructor Signature (*Closed Class Override*)

INSTRUCTOR SPECIAL PERMISSION (See below)

\_\_\_\_\_  
 Instructor Signature (*Special Permission Override*)    Date

*Please check all that apply.*

Prerequisite Override       Major Restriction Override  
 Class Restriction Override     Co-requisite Override  
 Program Restriction Override     Other (specify): \_\_\_\_\_

**ACADEMIC DEAN'S-or-GRADUATE STUDIES Approval (IF Applicable)**

\_\_\_\_\_  
 Academic Dean's Approval (LCBL-all OR CLAS-prior)    Date

\_\_\_\_\_  
 Director of Graduate Studies Approval    Date  
 (For **Undergraduate** student enrolling in **Graduate** level class)

**OFFICE OF THE REGISTRAR USE ONLY:**

\_\_\_\_\_  
 Original Registered Cr Hrs: \_\_\_\_\_ Revised Cr Hrs: \_\_\_\_\_

\_\_\_\_\_  
 Processed by: \_\_\_\_\_ Date