

STUDENT SCHEDULE CHANGE FORM

To be used for changes to a pre-existing schedule.

(Do NOT use this form as a substitute for the Course Registration Form)

THE UNIVERSITY OF
SCRANTON
A JESUIT UNIVERSITY

TO BE COMPLETED BY THE STUDENT

Name: (Last) (First) (M.I.)

Royal ID

Major

CHECK ONE:

☐ 1-29 Freshman
☐ 30-59 Sophomore
☐ 60-89 Junior
☐ 90 + Senior
☐ Graduate

CHECK ONE:

☐ CAS
☐ CGCE Undergraduate
☐ CGCE Graduate
☐ KSOM
☐ PCPS

SEMESTER/YEAR:

☐ Fall
☐ Intersession
☐ Spring
☐ Summer I
☐ Summer II
☐ Summer G

COURSE (s) TO BE DROPPED

CRN	Subject/Number	Section	Date Last Attended *	Instructor's Signature (After 100% Refund Period)

COURSE (s) TO BE ADDED

CRN	Subject/Number	Section

REASON FOR REQUEST:

* Require for Processing

NOTE: FULL-TIME UNDERGRADUATE STUDENTS MUST COMPLETE A MINIMUM OF 24 CREDITS EACH ACADEMIC YEAR TO RECEIVE FINANCIAL AID.

Student's Signature

Phone No.

Date

OFFICE USE

NOTE: No transcript entry is made if a course is dropped during the Refund Period (25% -100%). Drops during the "No Refund" period result in a "W" (Withdrawal) grade entry on the transcript.

Tuition Rate

☐ Flat* ☐ Non

*** refund does not apply

REFUND:

☐ 100%
☐ 75%
☐ 50%
☐ 25%
☐ "W" Grade
(No Refund)

DROP LAB FEES:

☐ Yes
☐ No
Notify Financial
Aid Office if drop below FT
☐ Yes
☐ No

FEE(s):

Schedule Change \$
Reinstatement \$

ACTION TAKEN:

D
A
T
E

S
T
A
M
P

Mentor's signature required to add a graduate-level course.

Date

Dean's Signature/Approval

Date

white-file copy, yellow-faculty, pink-student
Form Revised 11/07 (62848)