

SCHEDULE CHANGE FORM



TERM _____ DATE _____

STUDENT ID

LAST NAME	FIRST NAME	MIDDLE / MAIDEN
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LOCAL STREET ADDRESS

CITY	STATE	ZIP CODE
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HOME PHONE	WORK PHONE	EMAIL
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ADVISOR SIGNATURE	REASON FOR CHANGE
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CHECK APPROPRIATE PROGRAM

PhD	MSBS	MSN	MSOH	MOT	SPEC STATUS	MD YR 1 & 2	MD/PHD	MD/MS	CO-OP	OTHER	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PROGRAM MAJOR _____

ADD

Course #	Sec.	Cr Hr	Instructor	Inst. Initials	Course Title

DROP

Course #	Sec.	Cr Hr	Instructor	Inst. Initials	Course Title	WP	WI

Student Signature _____ Signature of Dean _____

Date

Date