

SCHEDULE CHANGE CARD



Date: _____

Session: _____

Name: _____
Last First

ISU ID: _____

Course to be Added

Course to be Dropped/Withdrawn (see class schedule for deadlines)

Subject _____
Course # _____ Section _____
CRN # _____ Credit hrs. _____
Credit Audit Pass-No Pass S/U
Instructor Sig. _____

Subject _____
Course # _____
CRN # _____ Credit hrs. _____

If you are dropping/withdrawing from ALL courses, do not use this form. Please use a Complete Withdrawal Form.

Department Stamp _____

Office Completed By/Date:
Rev: (07/10)

Student Sign. _____

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