



SCHEDULE CHANGE CARD

Date: _____

Session: _____

Name: _____
Last First

ISU ID: _____

Course to be added

Course to be Dropped/Withdrawn (see class schedule for deadlines)

Department _____
Course No. _____
Index No. _____ Credit hrs. _____
Credit Audit Pass-No Pass
Instructor Sig. _____

Department _____
Course No. _____
Index No. _____ 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: _____

Student Sign. _____



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