

SCHEDULE CHANGE CARD

Date:			Те	erm:		
Name:			ISU	U ID:		
	Last		First			
Course Information						
			(send to: reginfo@isu.edu)			
Subject					Audit	
Course #		Section				
CRN#		Credit hrs			Pass/No Pass	
Instructor Signature:						
Student Signature: Department Approval: (Revised 01/2024)						
					(Revised	01/2024)
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Student Signature:			Department Approval: (Revised 01/2024)			
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