



SCHEDULE CHANGE CARD

Date: _____

Term: _____

Name: _____
Last First

ISU ID: _____

Course Information

Subject	_____		Audit	<input type="checkbox"/>
Course #	Section	_____		
CRN#	Credit hrs	_____	Pass/No Pass	<input type="checkbox"/>

Instructor Signature: _____

Student Signature: _____ Department Approval: _____

(Revised 10/2019)



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