

**SCHEDULE CHANGE CARD**

Date: \_\_\_\_\_

Session: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First

ISU ID: \_\_\_\_\_

Courses to be Added	Course to be Dropped/Withdrawn (see class schedule for deadlines)
Subject _____	Subject _____
Course # _____ Section _____	Course # _____ Section _____
CRN# _____ Credit hrs _____	CRN# _____ Credit hrs. _____
Credit <input type="checkbox"/> Audit <input type="checkbox"/> Pass/No Pass <input type="checkbox"/>	
Instructor Signature: _____	Student Signature: _____
Department Stamp: _____	Rev: (10/12)

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