



Adrian College

ADRIAN COLLEGE

Schedule Change Form (for Withdrawals, and Permission to Enroll)

See Academic Calendar for
Deadline Dates.

Student No. Last Name First Name MI Semester

Phone Number:

Permission to Enroll - Authorize the following:

Dept. Course #	Instructor signature (if class is full)	Instructor Signature (if class has not been)	Pre-Req?

Drop Courses

Dept. Course #		

WITHDRAW Courses (After end of official Add/Drop period)

Dept. Course #	Sec	Title	Cr Hrs

NOTE:

Advisors may:

- * Add an *open* course
- * Drop a course (*only during Add/Drop week*)

**Independent Study and Individual Study forms are available in the Registrar's Office and online at www.adrian.edu/registrar/forms.php Do not list under "permission to Enroll."*

* By submitting this form with or without my advisor's signature, I take responsibility and understand schedule changes and course withdrawals may have financial aid and graduation ramifications that could impede me from graduating in four years.

Student Signature*

Advisor Signature

New Total Credit Hrs.: